## Franklin County Planning and Zoning Department Plat Vacation

Submit the following information:

1. Completed Application

2. General Warranty Deed(s)

3. Copy of Plat to be Vacated + Legal Description

4. \$150.00

| Section A: Subdivision Location & Information  |         |                |              |               |             |
|--|---------|----------------|--------------|---------------|-------------|
| Township(s)  | North   | Range(s)       |              | Section(s)    |             |
| Tax/Parcel ID Number(s) (16 Digits)  |         |                |              |               |             |
| raxy rareer 12 Hamber (3) (10 1  | 3181637 |                |              |               |             |
| Site Address(es)   |         |                |              |               |             |
| Zoning District(s)   |         | Political Town | nship(s)     | Total Acres   |             |
| Subdivision Name(s)  |         |                |              |               |             |
| Recorded Document Number   |         |                |              | Date Recorded |             |
| Section B: Owner Information (attach additional pages, if needed)  |         |                |              |               |             |
| Applicant Name   |         |                |              |               |             |
| Mailing Address  |         |                |              |               |             |
| City, State, Zip +4  |         |                |              |               |             |
| Phone  |         |                | mail         |               |             |
| Section C: Execution of Request (attach additional signature pages, if needed)   |         |                |              |               |             |
| By signing this request for the above subdivision to be vacated, I (we) certify that I (we) am (are) the sole legal owner(s) of the property or properties within the subdivision and are the only person(s) to be affected by the proposed vacation. Further, I (we) certify that no buildings or utilities have been placed on any affected property after the recording of the above subdivision. |         |                |              |               |             |
| Signature of Applicant (If a business, please provide documentation of authorization to sign) X  Date  |         |                |              |               |             |
| Printed Name   |         |                |              |               |             |
| Signature of Applicant (If a business, please provide documentation of authorization to sign) X  |         |                |              |               | Date        |
| Printed Name   |         |                |              |               |             |
| Office Use Only  |         |                |              |               |             |
| Paid Date  | Amount  | Paid           | Cash Check # |               | Credit Card |

**FILE NUMBER:**