



CASE #: SV-_____
FEE AM'T: _____
DATE PAID: _____

Rouss City Hall
15 North Cameron Street
Winchester, VA 22601
540-667-1815
TDD 540-722-0782

CITY OF WINCHESTER, VIRGINIA

RIGHT OF WAY VACATION APPLICATION

Please print or type all information

_____ Applicant

_____ Telephone _____ Street Address

_____ E-mail address _____ City _____ State _____ Zip

_____ OWNER'S SIGNATURE (use reverse to list additional owners) _____ Owner Name (as appears in Land Records)

_____ Telephone _____ Street Address

_____ E-mail address _____ City _____ State _____ Zip

TYPE OF REQUEST - Please mark type of request and complete information

RIGHT OF WAY VACATION	FEE
_____ (description of street or alley)	<input type="checkbox"/> \$100

PROPERTY LOCATION

Current Street Address(es) _____ Zoning _____

Tax Map Identification - (sections, blocks, lots) _____

REQUIRED MATERIALS LIST

- _____ 1 copy of application (this form completed)
- _____ Letter addressing request, including a statement of the Comprehensive Plan's recommendation
- _____ Fee (check made payable to the **Treasurer, City of Winchester**)
- _____ List of adjacent property owners (public hearing items only). List must provide name and mailing address as appears in Land Records for owners of all properties within 300 feet of any portion of the subject site.
- _____ Disclosure of Real Parties in Interest (list all equitable owners)

All public hearing materials must be submitted at one time by 5:00 PM on the deadline date for the next regular meeting in order to be placed on the agenda. **Only complete applications, which includes all the above materials, will be accepted.**

I/we hereby certify that the above information is complete and correct and that public notification will be properly posted on the site not later than 14 days before the public hearing (if applicable) and that all delinquent Real Estate taxes have been paid per Section 23-9.

SIGNATURE _____ DATE _____
APPLICANT

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Additional Owner's Name			Address
City,	State,	Zip	Telephone

OWNER'S SIGNATURE

Additional Owner's Name			Address
City,	State,	Zip	Telephone

OWNER'S SIGNATURE

Additional Owner's Name			Address
City,	State,	Zip	Telephone

OWNER'S SIGNATURE

Additional Owner's Name			Address
City,	State,	Zip	Telephone

OWNER'S SIGNATURE