



**Vacation of Street/Alley/Easement
Application Form**

City of Monroe
Planning Department
120 E. First Street
Monroe, MI 48161
734.243.0700 (P) 734.384.9108 (F)

Receipt Stamp

Application #

Owner Information

Name

Address

Telephone

Fax

Email

Applicant Information (if different from above)

Name

Address

Telephone

Fax

Email

Property Description

Property Address

Located between _____ and _____ Streets

Property ID#

Existing Zoning

Required Information

A survey drawn by a professional Surveyor, Architect or Engineer that includes the following information:

- o Depicting the proposed parcels, their dimensions and area;
- o Indicating the placement of all buildings, setbacks and easements; and
- o Provide a legal description for each resulting parcel.

Submittal Procedure

- o Applicant submits a complete application with all required information;
- o Planning Department staff verifies completeness;
- o Application will be reviewed at the next available Citizens Planning Commission (CPC) agenda;
- o A public hearing will be held at the CPC meeting;
- o The CPC will make a recommendation to the City Council; and
- o If final approval is obtained by City Council, the City Assessor will finalize the vacation for the tax roll.

Authorization

I/We hereby request in accordance with City Ordinances for the regulation and control of the subdivision of the land in the City of Monroe, that the City approve the request for a vacation of a street/alley/easement and place the property(s) on the assessment and tax roll.

The information, plans and materials submitted herewith in support of this application are to the best of my/our knowledge, true and correct.

In addition, I/We understand that this application will be placed on the next available Citizens Planning Commission regular meeting agenda, unless I/We request a special meeting to be held for an additional cost.

Owner _____ Date _____

Applicant _____ Date _____

Fees

Vacation Request	\$ 300.00
CPC Special Meeting	\$ 400.00

Department Use Only

Fee Paid \$ _____

Special Meeting Date _____

Authorization of Completeness

Planning Department Staff