



COMMUNITY DEVELOPMENT  
PLANNING & ZONING  
201 East Broadway  
Excelsior Springs, MO 64024  
Phone: (816) 630-9594  
Fax: (816) 630-9572

FOR OFFICE USE ONLY	
Fee: <b>\$95.00</b>	
Date Received: _____	
Public Notice Date: _____	
P&Z Hearing: _____	
City Council: _____	
Approved: _____	Denied: _____

## Easement Vacate Application

Applicant Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Survey Preparer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Location & Legal Description (attach on a separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To be included:**

- Property survey/site plan. (Three 24x36 or large + one 11x17 or smaller)
- Notarized letter requesting vacation of street, alley or common-way attached.
- Proof of ownership of the property, i.e. **WARRANTY DEED** or a **TITLE REPORT** with the complete and correct legal description for the subject property.

*The vacated property shall revert to the owners of the adjacent lots.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_