# RIGHT-OF-WAY APPLICATION

Planning & Zoning Dept. – City Hall
301 Washington Ave • Suite 211 • Bay City • MI 48708
www.baycitymi.org • 989-894-8177 • tmoultane@baycitymi.org

**Case No.** _____

**Fee:** **$600.00**

**Pmt Rcvd:** _____

## Applicant

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Name: | | | | | | | |
| Address: | | | | | | Cell: | |
| City: | | State: | | Zip: | | Telephone: | |
| Email: | | | | | | | |

## Right-of-Way

**I hereby petition the City of Bay City to vacate all of the following described public right-of-way pursuant to the Code of Ordnances, Chapter 94, Article VII.**

☐ Street ☐ Alley ☐ Other (please specify)_____

**Please include the description of the area proposed for vacation below or on a separate sheet attached to this application:**

1) **Is the vacation part of a project that will involve construction over the former right-of-way?** ☐ Yes ☐ No

2) **Is the area proposed to be vacated being used by other property owners to access their property?** ☐ Yes ☐ No

3) **Does the area proposed to be vacated or any part thereof terminate at or abut upon any public water?** ☐ Yes ☐ No

I/We certify and affirm that the information submitted with this application is true and accurate to the best of my knowledge and belief.

**Applicant Name (printed)** _____ **Applicant Signature** _____ **Date** _____

**Completed applications must be filed with the Planning & Zoning Department on established filing deadlines. See meeting schedule.**