

Name:		
Submittal Date:		

Abandonment of Streets/Alley ways APPLICATION & CHECKLIST

INSTRUCTIONS

- Fill out the following application and checklist completely prior to submission.
- Use the most current application from the City's website (<u>www.cityofjarrell.com</u>) or at City Hall.

PROCESS:

The applicant needs to complete the following application and submit to the City Manager for review. The City Manager or designee will review the application for completeness.

SUBMITTAL REQUIREMENTS:

1.	. Completed application form with owner's original signature.
2.	. Submittal of petition
3.	Legal description and/or field notes of streets and/or alleyways

APPROVAL PROCESS

Once the City Manager or designee has determined that the application meets all approval criteria, he or she will place the application on the next regular City Council agenda for consideration. If the application is approved, the applicant will be responsible for all fees associated with the process.

PROPERTY INFORMATION FOR A	BANDONMENT:		
Property Address/Area:	Property Acreage	»:	
Legal Description:	Attachment (s): _		
APPLICANT INFORMATION:			
items on this checklist have been addre	that the applicant or his agent has reviewed the essed and complied with. The agent is the observed and communication will be conduct.	ficial contact person for this project an	
(Check One): I, the owner, will represent this appli I, the owner, hereby authorize the per	ication with the City of Jarrell. son named below to act as my agent in processin	g this application with the City of Jarrell.	
OWNERSHIP INFORMATION:	18 12 N. J. WOLLDON, G. J. PARTS		
Property Owner:	Phone:	Fax:	
	partnership, corporation, joint venture, trust or c		
Address:	City:	State: Zip:	
Email:	Mobile:		
I give City Staff and elected or appointed 1	representative's permission to visit the site describ	bed above:	
Owner's Signature:	Date:		
AGENT INFORMATION:			
If an agent is representing the owner of	of the property, please complete the following	g information:	
Project Agent:	Phone:	Fax:	
Address:	City:	State: Zip:	
Email:	Mobile:		
I hereby authorize the person named above	e to act as my agent in processing this application	:	
Owner's Signature:	Date:		
I hereby attest that I prepared this applicat knowledge.	tion/checklist and that all information shown here	on is correct and complete to the best of m	
Signature	Name (printed)	 Date	

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Page 2 of 3

Do not write below - Staff Use Only				
Accepted for Processing by:	Date:			
Application complete: Yes No				
If no, reason for incomplete:				
City Council Meeting:				
Application/Petition Approved: Yes No				