



City of Port Orchard

City Clerk's Office

216 Prospect Street, Port Orchard, WA 98366

(360) 876-4407 • FAX (360) 895-9029 • cityhall@cityofportorchard.us

www.cityofportorchard.us

PETITION TO VACATE CITY RIGHT-OF-WAY APPLICATION

(POMC 12.08 / Resolution No. 030-17)

This document is considered a public record and is subject to public disclosure laws in Chapter 42.56 RCW.

Property Owner's Name(s): _____

Mailing Address: _____
Street City State Zip

Contact Information: _____
Phone Email

Address of Requested Vacation: _____
Street or nearest cross street

Parcel Number of Requested Vacation: _____

1. The undersigned, owner of real property abutting upon that public street/alley described below, does hereby petition the City of Port Orchard to vacate said street/alley, described as follows (you may attach a separate sheet containing the legal description):

Legal description of the requested right-of-way prepared by a licensed surveyor:

all situated in the City of Port Orchard, County of Kitsap, State of Washington; declares that this petition is supported by the signatures of the owners of more than two-thirds of the real property abutting the requested vacation area; and requests that said City Council by Resolution fix a time and place when this petition shall be heard and determined by that authority, which time shall not be more than sixty (60) days nor less than twenty (20) days after passage of such Resolution (RCW 35.79.010)

2. State the proposed use of the vacated right-of-way: _____

3. Provide a map of the proposed right-of-way area to be vacated with the following information:
 - a. Approximate width of the area to be vacated
 - b. Approximate length of the area to be vacated
 - c. Approximate total square footage of the area to be vacated

I/We declare under penalty of perjury under the laws of the State of Washington that the foregoing information and attached documentation is true and correct, and that I/We are the true and correct owner(s) of real property abutting the requested vacation of City right-of-way.

Signature of Applicant _____
Date

Signature of Applicant _____
Date

When submitting this application, please make sure the following requirements are completed and documents are submitted:

- Support for Vacation of City Right-of-Way Petition form(s) signed by the owners of real property abutting upon the part of the street or alley sought to be vacated (these owners must, along with the Petitioner, constitute the owners of at least two-thirds of the real property abutting such area);
- New legal description to include the requested right-of-way;
- Documentation supporting the fair market value of the street or alley sought to be vacated, if applicable;
- Documentation supporting the application of the Non-User Statute, if applicable;
- Dimensions of area proposed to be vacated;
- Map of the proposed right-of-way to be vacated outlined or highlighted;
- Application processing fee of \$120; and
- \$500 appraisal fee refundable deposit (Petitioner shall pay the actual cost of the appraisal, upon Council approval).

FOR CITY CLERK'S OFFICE USE ONLY

\$120 Vacation Fee Received Yes No Receipt No.: _____

\$500 Vacation Appraisal Fee (Refundable Deposit) Received Yes No Receipt No.: _____

Support for Vacation Petition By Abutting Property Owners form(s) Received Yes No

Public Hearing Date: _____

Notices Posted by: _____ Date of Noticing: _____

Approved by the City Council Yes No



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SUPPORT FOR VACATION OF RIGHT-OF-WAY
PETITION BY ABUTTING PROPERTY OWNERS

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Property Owner Seeking Vacation (Petitioner):
First and Last Name

Contact Information:
Phone Email

Street or Nearest Cross Street of Requested Vacation:

Parcel Number of Requested Vacation:

Signatures of owners of real property abutting requested vacation of right-of-way area (Note: all persons who have an ownership interest must sign this document. This includes co-owner(s) and/or spouses, or corporate officers authorized by the corporation.

By signing, I/We declare under penalty of perjury under the laws of the State of Washington that:

- I/We are the true and correct owner(s) of real property abutting the street or alley sought to be vacated.
I/We understand that I/We may see an increase on my/our tax assessment if this vacation of right-of-way petition is approved.
I/We understand I/We may be required to pay for a portion of the vacated right-of-way.

First and Last Name (Printed) of Property Owner/Corporate Officer
Managing Member No. 1 Name of Corporation (if applicable)

(Signature and/or Title)

First and Last Name (Printed) of Property Owner/Corporate Officer
Managing Member No. 2 Name of Corporation (if applicable)

(Signature and/or Title)

Property Address Tax Parcel Number

Mailing Address:
Street City State Zip

Contact Information:
Phone Email