

**CITY OF APPLE VALLEY  
VACATION OF EASEMENT/PUBLIC GROUNDS APPLICATION FORM**

7100 147<sup>th</sup> Street West  
Apple Valley, MN 55124  
Phone: (952) 953-2575  
FAX: (952) 953-2515

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Telephone Number:** \_\_\_\_\_ **FAX Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Telephone Number:** \_\_\_\_\_ **FAX Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Location of Easement:** \_\_\_\_\_  
 (Address/Legal Description) \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The following must be submitted with the Application for Vacation:**

1. An exact legal description of the easements to be vacated.
2. Certificate of Survey, if applicable, or scaled survey of the property showing the proposal.
3. Names and Signatures of all property owners abutting the easements to be vacated.
4. Narrative stating need for vacation of easements
5. All necessary fees and escrows as established by the City Council.

**FEES & SECURITIES:**

**CODE:**

\$183.00	Application Fee	4214
\$500.00	Financial Security	5078

AUTHORIZATION FOR SITE VISITS: By signing this page and submitting the application materials attached herein, the Owner, Applicant and his/her/their agent(s) hereby authorize the City elected and appointed officials, and City staff to enter the subject properties for the purpose of reviewing the application submitted.

**FOR INTERNAL CITY USE ONLY**

Total Fee \$ \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Project Number: \_\_\_\_\_

Date Set for Hearing \_\_\_\_\_

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**Names and Signatures of Abutting Property Owners**

(Please use additional sheets if necessary)

**Name**

**Address**

**Signature**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_