



CITY OF NORWAY REQUEST FOR VACATING RIGHT-OF-WAY

Applicant _____
Street # _____
City _____
State/Zip _____
Daytime Phone _____
Applicant's Interest in
Property _____

For Zoning Administrator Use Only	
File #	_____
Date	_____
Tax ID #	_____
Fee Paid	
Property Transaction Fee	\$500 _____

Please state reason why you are requesting vacating of Right of Way:

In addition to the \$500 property transaction fee, the property owner requesting ROW vacating agrees to pay all survey cost necessary to determine boundaries and legal description if needed.

Date

Owner's Signature

Planning Commission Recommendation to City Council: (Planning commission is an advisory board only and non binding. City Council has final approval.)

Approve _____ Deny _____

Remarks _____

Date _____