



# Application for Vacation of Right-of-Way or Plat

City Planning & Development Department  
City Hall, 414 E. 12<sup>th</sup> Street, 15<sup>th</sup> floor; Kansas City, MO 64106-2795  
Phone (816) 513-2846 | Facsimile (816) 513-2838 | [www.kcmo.org/planning](http://www.kcmo.org/planning)

Date Stamp

Refer to *Development Guide* for additional information

<b>For Office Use:</b>	Case Number: _____	CPC Date: _____
	KIVA Number: _____	Receipt Number: _____
		Filing Fee \$ _____

## 1. Applicant/Owner/Contact Information

Applicant \_\_\_\_\_ Company \_\_\_\_\_  
 Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Property Owner(s) (if different from applicant) \_\_\_\_\_  
 Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Contact for project information \_\_\_\_\_ Company \_\_\_\_\_  
 Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## 2. Vacation Location/Address \_\_\_\_\_

## 3. Reason for Request

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## 4. Additional Information that may assist staff in reviewing this request

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**5. Submittal Requirements**

- Completed Application
- Required Fee \$280.00 (An additional deposit may be due prior to the public hearing, per Chapter 75)
- Drawing showing right-of-way or plat to be vacated
- Transparencies
- The applicant has discussed this application with a staff planner in the Development Management Division of City Planning and Development Department

Planner \_\_\_\_\_ Date \_\_\_\_\_

- Prior to any public hearing, an applicant must make a reasonable effort to contact and meet with, if requested, the applicable neighborhood and/or civic organizations registered with the city. Failure to do so may be cause for continuance.** Please provide information on this contact, as follows:

Neighborhood or Civic Organization(s) \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Describe (optional) \_\_\_\_\_

\_\_\_\_\_

**6. The information presented with this application is true and correct to the best of the undersigned's knowledge.**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_