

CLOSURE/ABANDONMENT APPLICATION FORM

CASE NUMBER:		Date Submitted:	
(Sections 1-6 below to be filled out by Applicant- RPA staff will assist, if needed)			
1 Applicant Request (Mandatory Referral per TCA 13-4-104)			
Closure/Abandonment	Alley	Street	Sewer Other
Name of Street or Right-Of-Way:			
	Open	Unopened	Length/Width:
Beginning:			
Ending:			
2 Property Information			
Property Address:			
Property Tax Map Number(s):			
3 Proposed Development			
Reason for Request and/or Proposed Use:			
4 Site Characteristics			
Current Zoning:			
Current Use:			
Adjacent Uses:			
5 Applicant Information			
All communication will be with the Applicant. If the applicant is not the property owner, the RPA requires a letter from the property owner(s) confirming that the applicant has permission to file this application on his/her behalf.			
Name:			Address:
Check one:	<input type="checkbox"/> I am the property owner	<input type="checkbox"/> I am not the property owner	
City:	State:	Zip Code:	Email:
Phone 1:	Phone 2:	Phone 3:	Fax:
6 Property Owner Information (if not applicant)			
Name:			Phone:
Address:			
Office Use Only:			
Planning District:		Neighborhood:	
Hamilton Co. Comm. District:	Chatt. Council District:	Other Municipality:	
Staff Rec:	PC Action/Date:	Legislative Action/Date/Ordinance:	
Checklist			
<input type="checkbox"/> Application Complete	<input type="checkbox"/> Ownership Verification	<input type="checkbox"/> Map of Proposed Zoning Area with dimensions	
<input type="checkbox"/> Site Plan, if required	<input type="checkbox"/> Total Acres to be considered:	<input type="checkbox"/> Deeds	<input type="checkbox"/> Plats, if applicable
Deed Book(s):			
Plat Book/Page:		<input type="checkbox"/> Notice Signs	<input type="checkbox"/> Number of Notice Signs:
<input type="checkbox"/> Filing Fee:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Check Number:
Planning Commission meeting date:		Application processed by:	