



CITY OF ELKO PLANNING DEPARTMENT

1751 College Avenue * Elko * Nevada * 89801 *

(775) 777-7160 * (775) 777-7219 fax

APPLICATION FOR VACATION OR ABANDONMENT OF CITY STREET, EASEMENT OR PUBLIC RIGHT-OF-WAY

APPLICANT(s): _____
MAILING ADDRESS: _____
PHONE NO (Home): _____ (Business): _____
EMAIL ADDRESS: _____

NAME OF PROPERTY OWNER (If different): _____
(Property owner's consent in writing must be provided.)
MAILING ADDRESS: _____
PHONE NO (Home): _____ (Business): _____
EMAIL ADDRESS: _____

LEGAL DESCRIPTION AND LOCATION OF PROPERTY INVOLVED (Attach if necessary):
ASSESSOR'S PARCEL NO.: _____ Address: _____
Lot(s), Block(s), & Subdivision: _____
Or Parcel(s) & File No.: _____

FILING REQUIREMENTS

Complete Application Form: In order to begin processing the application, an application form must be complete and signed.

Fee: A \$600.00 non-refundable fee.

Plot Plan: A plot plan provided by a properly licensed surveyor depicting the area to be vacated or abandoned, depicting all existing conditions drawn to scale showing property lines, existing and proposed buildings, building setbacks, parking and loading areas, driveways and other pertinent information must be provided.

Legal Description: A complete legal description of the area proposed for vacation or abandonment along with an exhibit depicting the area for vacation or abandonment must be provided by a properly licensed land surveyor.

Note: One .pdf of the entire application must be submitted as well as one set of legible, reproducible plans.

Other Information: The applicant is encouraged to submit other information and documentation to support the request.

OWNER(S) OF THE PROPERTY ABUTTING THE AREA BEING REQUESTED FOR VACATION OR ABANDONMENT:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

1. Describe the nature of the request:

2. Describe any utilities currently located in the area proposed for vacation or abandonment, and if any are present how they will be addressed:

Use additional pages if necessary

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By My Signature below:

- I consent to City of Elko Staff entering upon my property for the purpose of inspection in relation to my application.
- I object to having the City of Elko Staff enter onto my property in relation to my application. (Your objection will not affect the recommendation made by the staff or the final determination made by the City Council. However, if you object, the City Council may not have enough information to support approval of your application.)
- I acknowledge that submission of this application does not imply approval of this request by the City Council, nor does it guarantee issuance of any other required permits and/or licenses.
- I acknowledge that the City Council may decide to table or take no action on my application if I am neither present nor represented at the meeting at which my application is considered.
- I have carefully read and completed all questions contained within this application to the best of my ability.

Applicant / Agent: _____
(Please print or type)

Mailing Address: _____
Street Address or P.O. Box

City, State, Zip Code

Phone Number: _____

Email Address: _____

SIGNATURE: _____

FOR OFFICE USE ONLY

File No.: _____ **Date Filed:** _____ **Fee Paid:** _____
