



# City of Centerville 1880 Main Street, Centerville MN Phone: 651-429-3232 Fax: 651-429-8629

## For Office Use Only

Fee Paid: \_\_\_\_\_

Escrow Paid: \_\_\_\_\_

## Right of Way/Easement Vacation

## Application & Checklist

*Procedure for processing Right of Way/Easement Vacation request: Once Application is completed, fees paid, a Public Hearing will be scheduled before the Planning & Zoning Commission. If recommended for approval, it will be forwarded to City Council for action.*

In order to retain use of certain Right of Way(s)/Easements it may not be advisable for the City of Centerville to allow the request (buried pipes, utility lines, overhead lines, etc.). In consideration of vacating the drainage and utility easements as herein requested, the undersigned hereby jointly and severally waive any and all claims for any damages resulting from the vacating and discontinuing of said drainage and utility easement.

**Name of Development:** \_\_\_\_\_

### Property Information:

Street Address of Property: \_\_\_\_\_ P.I.D. #: \_\_\_\_\_

Legal Description  
(Please attach description if lengthy) \_\_\_\_\_

### Applicant (Applicant will receive all correspondence from the City):

Developer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

### Engineer/Surveyor:

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Property Owner(s):

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Affidavit of Ownership (Application must be signed by all owners in fee title of the land containing the easement/right-of-way)**

That I(we) am(are) the owner(s) of the property for which a land use approval is sought or have the lawful Power of Attorney therefore. **All signatures must be notarized.** If signing with Power of Attorney, a copy of the document giving you Power of Attorney must be attached to this application. If there are additional property owners, please attach a separate sheet to provide the above information. **All property owners must sign.**

**PRINT** Name of property owner & PID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF MINNESOTA )

) ss.

(Individual Notary)

COUNTY OF ANOKA )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a Notary Public, personally appeared \_\_\_\_\_  
and, \_\_\_\_\_ who signed the foregoing instrument and acknowledge said instrument to be their free act  
and deed.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Stamp

**ALL OF THE FOLLOWING INFORMATION MUST BE SUBMITTED**

- Completed application signed by all owners, in fee title, of the property containing the easements.
- Proof of ownership by either a copy of a deed, abstract of title, or attorney's opinion.
- Fees per the current Fee Schedule