



COMMUNITY DEVELOPMENT
PLANNING & ZONING
201 East Broadway
Excelsior Springs, MO 64024
Phone: (816) 630-9594
Fax: (816) 630-9572

FOR OFFICE USE ONLY	
Fee: \$95.00	
Date Received: _____	
Public Notice Date: _____	
P&Z Hearing: _____	
City Council: _____	
Approved: _____	Denied: _____

Easement Vacate Application

Applicant Name (Please Print): _____

Address: _____

Phone: _____ **Email:** _____

Property Survey Preparer: _____

Address: _____

Phone: _____ **Email:** _____

Property Location & Legal Description (attach on a separate sheet if necessary): _____

To be included:

- **Property survey/site plan.** (Three large + one 11x17 or smaller)
- **Notarized letter requesting vacation of street, alley or common-way attached.**
- **Proof of ownership of the property, i.e. WARRANTY DEED or a TITLE REPORT with the complete and correct legal description for the subject property.**

The vacated property shall revert to the owners of the adjacent lots.

Applicant Signature: _____ **Date:** _____

