

## Sonoma County Permit & Resource Management Department 2550 Ventura Avenue, Santa Rosa CA 95403-2859 (707)565-1900

www. Permit Sonoma.org

## PETITION FOR VACATION OF PUBLIC EASEMENT/PUBLIC RIGHT-OF-WAY

Please Type or Print

Flease Type of Fillit			
GENE	RAL INFORMATION		
LOCATION OF PROJECT/ADDRESS	ASSESSORS PARCEL NUMBER(S)	ZONING  GENERAL PLAN DESIGNATION	
NAME OF PROPOSED PROJECT (If Applicable)			
APPLICANT NAME	BUSINESS PHONE	HOME PH	ONE
	( ) -	(	
APPLICANT ADDRESS	CITY	STATE	ZIP
APPLICANT REPRESENTATIVE (If Applicable)	BUSINESS PHONE ( ) -	HOME PH	
APPLICANT REPRESENTATIVE ADDRESS	CITY	STATE	ZIP
PROPERTY OWNER NAME (SIGNATURE REQUIRED BELOW)	BUSINESS PHONE ( ) -	HOME PHO	
PROPERTY OWNER ADDRESS	CITY	STATE	ZIP
EASEMENT/RIGHT-OF-WAY DESCRIPTION			
PURPOSE FOR REQUESTING VACATION			
PROPOSED NEW USE			
STATE WHY EASEMENT OR RIGHT-OF-WAY IS NO LONGER OF NECESSITY TO THE PUBLIC			
SUBMITTAL INFORMATION:			
□ Name, address & phone number of local wat	ter company.		
☐ List of names & addresses of recorded property owners requesting the proposed vacation (if available).			
□ Vicinity map with North arrow.			
<ul> <li>Map of all property adjoining the boundaries of the proposed vacation showing:</li> <li>Easement or right-of-way to be vacated;</li> <li>Location of all known public utilities;</li> </ul>			
<ul> <li>Existing use of property adjoining pro</li> <li>Assessor's parcel number of each pa</li> <li>Existing use of the right-of-way by ab</li> </ul>	arcel shown;		
PROPERTY OWNERS O COME TO			
PROPERTY OWNER' S CONSENT - I declare under penalty of perjury the owner of said property or have written authority from property owner to application. I certify that all of the submitted information is true and correct to of my knowledge and belief. I understand that any misrepresentation of subm may invalidate any approval of this application.	o file this o the best		
FOR DEPARTMENT USE ONLY			
DATE APPLICATION RECEIVED	APPLICATION RECEIVED BY:		