



PUBLIC RIGHT OF WAY VACATION APPLICATION

The application form shall be answered fully and completely by the applicant. The City Council will not consider a request for an applicant who does not provide all of the information requested on the application or such other information as the City of Winsted may require.

APPLICATION DATE: _____

APPLICATION FEE: **\$1,050.00**

APPLICANT INFORMATION

Applicant Name: _____

Applicant Address: _____
Street City State Zip

Mailing Address (if different from above): _____

Phone Number: _____ Email: _____

I hereby petition the City Council of the City of Winsted to vacate all or a portion of the following described public right of way, pursuant to Minnesota Statute 412.851.

- RIGHT-OF-WAY ALLEY DRAINAGE & UTILITY EASEMENT
- OTHER _____

PID No. _____ Property Location/Address: _____

Legal Description of the area proposed to be vacated (or submit electronically):

Does the area proposed to be vacated or any part thereof, terminate at or abut upon any public water? YES NO

Please Note: *If the area requested to be vacated terminates at or abuts upon any public water, no vacation shall be made unless written notice of the petition is served by certified mail upon the Commission of Natural Resources by the City of Winsted, thirty (30) days prior to any Council action.*

Reason for Request:

PROPERTY OWNER/FEE OWNER INFORMATION

Property Owner/Fee Owner Name (if different from above): _____

Address: _____
Street City State Zip

Mailing Address (if different from above): _____

Phone Number: _____ Email: _____

PROCEDURES

1. Attach a copy of a scaled drawing (survey) showing full detail of the proposed area to be vacated.
2. Attach a copy of the legal description.
3. Include a list of the names and addresses of all abutting property owners.
4. Pay the designated application fee (non-refundable).

I HAVE READ AND AGREE TO COMPLY WITH ALL APPLICABLE ORDINANCES AND RULES ASSOCIATED WITH THIS APPLICATION. I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT ALL OF THE REQUIRED INFORMATION MUST BE SUBMITTED TO BE REVIEWED BY CITY AGENTS.

SIGNATURES ARE REQUIRED TO COMPLETE THIS APPLICATION.

Signature of Applicant

Date

Signature of Property Owner/Fee Owner

Date

FOR OFFICE USE ONLY

Date App. Received: _____ Date Paid: _____ Amount Paid: _____ Method of Payment: _____

Application Reviewed: City Administrator/Zoning Date Reviewed/Initials: _____

Public Works Date Reviewed/Initials: _____

City Engineer Date Reviewed/Initials: _____

City Planner Date Reviewed/Initials: _____

Application Approved/Denied: Approved (Date Issued: _____) Denied (Reason: _____)