

**CITY OF CHEBOYGAN, MICHIGAN
STREET OR ALLEY VACATION APPLICATION
OFFICE USE ONLY:**

(applicant)

(address)

(city, state, zip code)

home telephone business telephone

Date Received: _____

*Fee Received: _____

(*fee = \$235 – subject to change)

PROPERTY OWNER'S NAME AND ADDRESS *(if not the applicant)*

(name)

(address)

(telephone)

APPLICANT'S CAPACITY IF NOT PROPERTY OWNER *(circle one):*

Builder Have Option to Purchase Agent/Other: _____

Name of Street (or portion thereof) to be Vacated: _____

Location of Street: _____
Attach a map showing the location of the street appropriately marked

Location of Alley (or portion thereof) to be Vacated: _____

Attach a map showing the location of the alley appropriately marked

Attach a legal description of the street/alley (or portion thereof) to be vacated

Reason for the requested vacation of the street or alley (any portion thereof): _____

Signed: _____

Date: _____

When completed return to:

Zoning Administrator/City of Cheboygan

403 N. Huron Street, PO Box 39

Cheboygan, MI 49721

(For questions, please contact the City of Cheboygan at 231-627-9931)

Date Application will go before Planning Commission: _____

Planning Commission recommendation: _____

Date Application will go before City Council: _____

City Council to schedule for public hearing: yes no

If yes, public hearing date: _____

(If street or vacation is approved by City Council, a Certification by the City Clerk's office will be completed.)