CITY OF JACKSONVILLE
110 E. Main St. – P. O. Box 7, Jacksonville, OR 97530
Phone: (541) 899-6873 Fax: (541) 899-7882
www.jacksonvilleor.us

Office Hours:
Mon - Tues - Thurs – Fri - 8:30am – 2:00pm
Wednesday: Closed to the public all day

Street Vacation

Filing Fee**: $660.00**
Receipt # _____

1. APPLICANT INFORMATION

NAME:_____

ADDRESS: _____

CITY: _____STATE:_____ ZIP CODE: _____

PHONE: _____E-MAIL: _____

2. AGENT INFORMATION

NAME:_____

ADDRESS:_____

CITY: _____STATE:_____ ZIP CODE: _____

PHONE: _____E-MAIL: _____

3. OWNER OF RECORD (Plat Vacations Only)

NAME:_____

ADDRESS:_____

CITY: _____STATE:_____ ZIP CODE: _____

PHONE: _____E-MAIL: _____

4. PROJECT DESCRIPTION – (General Description of area to be vacated):

_____

_____

_____

_____

A 200' FOOT VICINITY MAP AND MAILING LABELS ARE REQUIRED FOR ALL APPLICATIONS REQUIRING A HEARING ~ Contact a local Title company and request 2 sets of labels OR go to the Jackson County website at: http://www.co.jackson.or.us**. & follow the instructions on the "intro & tips" tab.**

I HEREBY STATE THAT THE FACTS RELATED IN THE ABOVE APPLICATION AND THE PLANS AND DOCUMENTS SUBMITTED HEREWITH ARE TRUE, CORRECT, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

CONSENT TO STREET VACATION

The undersigned hereby gives full consent to the vacation of

_____

Street Name Map & Taxlot #

by the City of Jacksonville, Oregon through its City Council.

Property Owner _____

_____

Physical Address

_____

Mailing Address (if different)

_____

City, State, Zip Code

_____

Signature

_____

Signature

STATE OF _____)
)
COUNTY OF _____)

On this _____ day of _____, 20__ , _____

personally appeared before me,

_____ Whom I know personally
_____ Whose identity I verified on the basis of _____
_____ Whose identity I verified on the oath or affirmation of _____ ,
a credible witness,

to be the signer of the above and he/she acknowledged that he/she signed it.

_____

Notary Public
Commission Expires _____

PLEASE COMPLETE THE FOLLOWING REQUIRED CHECKLIST:

- ☐ This Application Form
- ☐ Legal Description of Area to be vacated on a computer disk in compatible Word Format
- ☐ Assessor's Map of area to be vacated, showing abutting and affected properties and identifying the parcels for which consents to vacated have been acquired if not initiating by letter to City Council
- ☐ Typed mailing labels for all affected property owners (check with Planning Department because notice varies with type of vacation)
- ☐ Findings
- ☐ Application Fee
- ☐ Completed and signed consent forms for the required abutting and/or affected property owners/contract purchasers (if initiated by petition)
- ☐ A letter to the City Council requesting initiation of the vacation