



# Checklist – Right-of-Way Vacation Application

Item	Yes	No	Not Applicable	Comments
Required application fee, <b><u>\$100.00</u></b>				
Complete and signed application, including signatures from all property owners adjoining the proposed right-of-way segment to be vacated				
Two 8½ x 14 inch copies of survey showing portion of right of way requested to be vacated				
Title Search of right-of-way to be vacated				
Appraisal of right-of-way to be vacated, <i>conducted by MAI appraiser</i> , if necessary.				

Notes:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# RIGHT-OF-WAY VACATION APPLICATION

## DEPARTMENT OF CITY PLANNING

5<sup>th</sup> Floor, Room 508  
810 Union Street  
Norfolk VA 23510  
(757)664-4752  
(757)441-1569 (FAX)  
[www.norfolk.gov/planning](http://www.norfolk.gov/planning)

## *Application Procedures*

1. A pre-application meeting is required. To arrange an appointment, please call the Planning Department at 757-664-4772.
2. Submit completed application with all required attachments including:
  - completed checklist
  - house plat or survey
  - title search of portion of the right-of-way proposed for vacation
  - \$100 check made payable to the City of Norfolk
  - An appraisal *may* be required; this will be determined during the pre-application meeting. If an appraisal of the right-of-way is required, the appraisal must be conducted by a MAI appraiser.
3. Staff will review the application to determine its completeness and feasibility of the requested closure. **Staff will not accept an incomplete application.**
4. Once the completed application is received, staff will submit requests to all utility providers to determine if any easements are required (this will take approximately one month).
5. Upon receipt of notification of any necessary easements, right-of-way vacation requests will be placed on the next possible Planning Commission agenda.
6. Applicant must contact appropriate Civic League prior to the public hearing. Applicant must provide Planning staff with written documentation of the outcome of that meeting/discussion prior to the public hearing.
7. Staff may post a legal notice of the application request and photograph subject property.
8. The Planning Commission will visit the site on the 2nd Wednesday of the month (it is not necessary for the applicant to be present).
9. Applicant or representative **must** attend public hearing:

Where: City Hall Building  
11th Floor, Council Chambers

Time: 2:30 p.m.
10. The Planning Commission will make a recommendation on the application at their hearing; this recommendation will be forwarded to City Council.
11. Prior to the request being forwarded to City Council, the City Attorney's office prepares the ordinance. Applicant will be required to provide the City Attorney the following:
  - Easement agreements for any existing or City utilities
  - Purchase price as determined by the appraisal (if applicable)
  - Fee for advertising City Council public hearing (approximately \$750-\$1,000)
12. A tentative date for the City Council Public Hearing will be provided to the applicant following the City Planning Commission Public Hearing (the City Manager's Office establishes the contents of Council's agenda).

### **DEPARTMENT OF CITY PLANNING**

810 Union Street, Room 508

Norfolk, Virginia 23510

Telephone (757) 664-4752 Fax (757) 441-1569

(Revised September 2023)



## Application for City Planning Commission Public Hearing

### RIGHT-OF-WAY VACATION

**Right-of-Way Vacation Fee..... \$100 made payable to the City of Norfolk**

Date of application: \_\_\_\_\_

#### Name of Applicant or Adjacent Property Owner:

(Last) \_\_\_\_\_ (MI) \_\_\_\_\_ (First) \_\_\_\_\_

Mailing address (Street/P.O. Box):\_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Daytime telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email\_\_\_\_\_

Email address of applicant:\_\_\_\_\_

#### Name of Representative (if different from Applicant):

(Last) \_\_\_\_\_ (MI) \_\_\_\_\_ (First) \_\_\_\_\_

Mailing address (Street/P.O. Box):\_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Daytime telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email\_\_\_\_\_

#### Description of Property (List street name and location of vacation request):

(Street Name) \_\_\_\_\_

(Location of vacation request)  
\_\_\_\_\_

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(Zoning) \_\_\_\_\_

(Land Area in acres or square feet) \_\_\_\_\_

Please describe the reason for requesting the vacation:

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List each **adjacent property owner** (print owner name and address) with signature of consent for the vacation request. Use additional paper if needed:

Property Owner: \_\_\_\_\_ / \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature  
Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ / \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature  
Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ / \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature  
Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ / \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature  
Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ / \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature  
Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ / \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature  
Address: \_\_\_\_\_

### **CIVIC LEAGUE INFORMATION**

Civic League contact: \_\_\_\_\_

Date(s) contacted: \_\_\_\_\_

Ward/Super Ward information: \_\_\_\_\_

### **REQUIRED ATTACHMENTS**

- ✓ Check for \$100.00 made payable to: City of Norfolk.
- ✓ Two 8½ x14 inch copies of house plat or survey showing portion of right-of-way requested to be vacated.
- ✓ Title Search of right-of-way to be vacated.
- ✓ Appraisal of right-of-way to be vacated, *conducted by MAI appraiser*, if necessary.

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**CERTIFICATION:**

I hereby submit this complete application and certify the information contained herein is true and accurate to the best of my knowledge:

**Print name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Adjacent Property Owner initiating the Right-of-Way Vacation) (Date)

**Print name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Applicant) (Date)

**ONLY NEEDED IF APPLICABLE:**

**Print name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Authorized Agent Signature) (Date)

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