

# CITY OF WARREN PLANNING COMMISSION

ONE CITY SQUARE, STE. 315 WARREN, MICHIGAN 48093-5283

CONTACT THE PLANNING DEPARTMENT PHONE: (586) 574-4687 FAX: (586) 574-4645

Lot(s) affected: \_

# APPLICATION FOR VACATING A PUBLIC WAY, PUBLIC UTILITY EASEMENT, OR SUBDIVISION PLAT (OR PART OF)

	☐ SUB	☐ SUBDIVISION PLAT (OR PART OF)  Fee: \$600		
		(Application effective 3-28-25)	(Fee effective 3-25-25)	
PLEASE TYPE OR PR				
	ON REQUEST:			
	DCATION OF PUBLIC WAY/PI		SUBDIVISION PLAT (OR PART OF	
(Attach additional sheet(s), if	needed)			
LEGAL OWNER: Conta	act Name & Company	Phone	Email	
	Address	City/State/Zip		
APPLICANT: Contact N	Name & Company	Phone	Email	
	Address	City/State/Zip		
Signature of Legal Own	er (Attached AFFIDAVIT OF OWNERS	SHIP OF LAND shall be completed)	Date	
Signature of Applicant (L	Designated Representative)		Date	
	ON AND THE LOTS WITHIN I		ED PUBLIC WAY, PUBLIC UTILITY	
Subdivision name:				

☐ ALLEY

□ ROADWAY

■ WALKWAY

☐ PUBLIC UTILITY EASEMENT

## **VACATION CHECK OFF LIST**

	you, the applicant, complete these items, you need to check them off. We will not accept plication packets without all items checked off and completed.
	Application shall be completed, signed, and dated.
	Affidavit of Ownership of Land shall be completed, signed, and notarized. If there is more than one owner, a separate affidavit is required for each of them. If the owner is different from the applicant, signatures from the owner and applicant are required on the affidavit.
	The abutting property/lot owner(s) shall be listed on the application and Affidavit of Ownership of Land. If the abutting property/lot owner(s) is a business or LLC, a person's contact name is required in addition to the company name.
	For communication purposes, provide phone numbers and email addresses for each person listed on the application.
	Additional Authorized Contact(s) form shall be completed and signed only if someone other than the owner or applicant is being authorized as an additional contact on the project.
	Submit a check payable to the City of Warren for the applicable fee as stated on the application.
	Submit a Letter of Intent containing a detailed description of the project.
	Submit twenty-five (25) individual copies of the subdivision plat and highlight the area to be vacated.
	For alley, roadway, walkway, or public utility easement vacations, submit a notarized petition that has been signed by at least sixty percent (60%) of the abutting property/lot owners. Petitions with less than sixty percent (60%) signatures will not be accepted.
NC	OTE: If the property has any delinquent taxes, your application packet will not be accepted.
Sig	gnature of Applicant: Date: (Signature required or the application packet will not be accepted)

### Employee Only (please initial):

- 1. Verify all items have been completed and checked off.
- 2. Stamp the application and all plans as received.
- 3. Let the applicant know the Planning Commission meeting date.
- 4. Make a copy of the check.
- 5. Put a brief description on the agenda.



### **AFFIDAVIT OF OWNERSHIP OF LAND**

I, Name of	Individual (Owner)			,	
THE	OF				
Title of O	fficer	Name	Name of Company (Owner)		
Address,	City, State	Zip	Telephone	Email	
BEING DULY S	WORN, DEPOSE(S) AND	SAY(S) THA	Γ	(0)	
				of Company (Owner)	
	TTAL HAS BEEN/WILL			PURCHASER OF LAND FOR ARREN, MACOMB COUNTY,	
PE <sup>-</sup>	TITION FOR HEARING B	BY THE CITY C	OF WARREN PLANNIN	IG COMMISSION	
FURTHER, THA	т				
	Name of Individ	dual (Applicant)			
THE	OF				
Title of O	OF	N	ame of Company (Applic	ant)	
Address,	City, State	Zip	Telephone	Email	
IS MY DESIGNA	ATED REPRESENTATIVE	E IN THE PRO	CESSING OF SAID PI	ETITION.	
		SIGNI	ED		
		SIGIN	ED Signature of Ov	vner	
		SIGNI	FD		
	SIGNEDSignature of Applicant				
STATE OF MICH COUNTY OF	HIGAN				
ON THIS	DAY OF		, 20, BEFC	RE ME PERSONALLY CAME	
AFFIDAVIT, FO		TATED, AND A		ECUTED THE FOREGOING AT HE/SHE/THEY DID SO OF	
			RY PUBLIC, OMMISSION EXPIRES	COUNTY, MICHIGAN	

### **NOTICE TO OWNER**

IF ANOTHER REPRESENTATIVE APPEARS ON YOUR BEHALF, THE REPRESENTATIVE SHALL CONTACT THE PLANNING DEPARTMENT BY LETTER OR EMAIL AND MAKE THEMSELVES KNOWN. FAILURE TO ANSWER ANY QUESTIONS FROM THE PLANNING COMMISSION MAY RESULT IN YOUR REQUEST BEING POSTPONED OR DENIED. IT IS RECOMMENDED THAT YOU APPEAR IN PERSON.



### **ADDITIONAL AUTHORIZED CONTACT(S)**

NOTE: This form only needs to be completed and signed if someone <u>other than</u> the owner or applicant is being authorized as an additional contact on the project.

Date	:		
RE:	Address:		
— .	Brief project description:		
To w	hom it may concern:		
I,		<i>(applicant)</i> , the	(title)
of	ollowing person/people to act as a	(company nar in additional contact(s) for the above-re	<i>ne)</i> , do hereby authorize ferenced project:
	Name: Company Name: Company Address:		
	Name: Company Name: Company Address:	<del></del>	
	Phone Number:Email Address:		
	Name: Company Name: Company Address:	<del></del>	
	Phone Number:Email Address:		
	u need any additional information, I at	I can be reached by phone at	or
	erely,		
Signa	ature of Applicant		



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# Procedure for Vacating a Public Way, Public Utility Easement, or Subdivision Plat (or part of)

- 1. Complete the application packet and submit it to the Planning Department, along with a copy of the subdivision plat in question, requested area to be vacated, and the signed and notarized petition.
- 2. Obtain signatures on the **attached petition** of a minimum of sixty percent (60%) of the owners of land abutting only the public way or public utility easement to be vacated.
- 3. Vacation requests will be placed on a Planning Commission agenda in accordance with the schedule prepared by the Planning Staff. The applicant will receive a notice informing them of the Planning Commission public hearing scheduled for their item. Attendance at the Planning Commission meeting is **mandatory**.
- 4. The Planning Commission will hold a public hearing and issue their recommendation regarding the vacation request. The applicant will receive formal correspondence from the Planning Commission Secretary detailing the Planning Commission's recommendation. This recommendation is forwarded to City Council.
- 5. The applicant will receive a notice informing them of the City Council public hearing scheduled for their item. Attendance at the City Council meeting is **mandatory**.
- 6. City Council will hold a public hearing and either approve, approve with conditions, or deny the vacation request.
- 7. If the request is approved, a resolution is filed with the City Clerk. Any conditions applied to City Council's approval of the request shall be completed before the City Clerk will record a certified copy of the resolution with the Macomb County Register of Deeds. Approval of the vacation will be revoked if the applicant does not complete the conditions imposed by the resolution within two (2) years.
- 8. A complaint shall be filed by the petitioner in Circuit Court to vacate the area of concern. As part of the proceedings in Circuit Court, a new revised subdivision plat shall be prepared reflecting the changes. The revised plat shall be recorded with the Macomb County Register of Deeds.

As an alternative, the petitioner may, by non-judicial process, relinquish the public way or public utility easement by written agreement between certain affected parties.

A copy of the court order or relinquishment and the recorded documents shall be provided to the Planning Department, Assessing Department, Attorney's Office, Building Division and City Clerk.

### PETITION FOR VACATING A PUBLIC WAY AND/OR PUBLIC UTILITY EASEMENT

To the City of Warren Planning Commission and the Warren City Council:

We, the undersigned **owner(s)** of the property hereinafter described and set after our respective signatures, do hereby petition that the City Council vacates the **public way** or **public utility easement** (circle one) abutting our property. DATE SUBDIVISION <u>Lor</u> ADDRESS PRINTED NAME SIGNATURE Signature of the Circulator(s) \_\_\_\_\_ On the \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_ who, first being duly sworn, stated that he/she/they circulated the above petition and obtained the signatures on the date provided, and that he/she/they knew these parties signing their names and was present during the affixing of the signature of that named party.

Notary Public, \_\_\_\_\_ County, Michigan My Commission Expires: \_\_\_\_\_