ROSEMOUNT
COMMUNITY DEVELOPMENT

Rosemount City Hall
2875 145TH Street West
Rosemount, MN 55068
651-423-4411
651-423-4424 *(FAX)*

revised 9/2017

EASEMENT VACATION APPLICATION

_____
Name of Applicant (to be used on legal documents) *Telephone No.*

_____
Address of Applicant *Fax No.*

_____
Email Address of Applicant

LOCATION: Lot: _____, Block _____, Addition _____

Street Address: _____

Metes & Bounds Description Attached: _____

Survey or Plot Plan Attached: _____

Affected Sections(s): _____

Current Zoning: _____

LEGAL DESCRIPTION FOR EASEMENT VACATION: _____
_____
_____
_____
_____

REASON FOR REQUEST:

1. _____
_____
_____

2. _____
_____
_____

☐ **BY CHECKING THIS BOX, I HEREBY AGREE TO ALL STATEMENTS HEREIN AND SUBMIT MY SIGNATURE ELECTRONICALLY TO THIS FORM.**

Date: _____ _____
Signature of Applicant

$775.00 Fee Paid? ☐ Yes ☐ No