

# VACATION OF RIGHTS-OF-WAY

(Applicable to Streets, Alleys & Public Places)

See FMC 12.37 for Process Requirements &  
Required Fees

OFFICE USE ONLY:



City of Ferndale Public Works Department  
2095 Main Street/ PO Box 936  
Ferndale, WA 98248 (360) 384-4006  
[www.cityofferndale.org](http://www.cityofferndale.org)

AN APPOINTMENT IS REQUIRED TO SUBMIT YOUR APPLICATION

APPLICANT: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (OTHER): \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

PARCEL LOCATION: Give specific description of geographic location

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CURRENT ZONING: \_\_\_\_\_

Street, alley, or public place to be vacated: \_\_\_\_\_

Adjacent or nearest street intersection: \_\_\_\_\_

Planned use for the right-of-way or property: \_\_\_\_\_

Size of right-of-way or property requested for vacation: \_\_\_\_\_

Number of adjoining properties that would be affected by the vacation: \_\_\_\_\_

Number of adjoining properties, which utilize the right-of-way or property (if different from above):

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Explain how the proposed vacation will impact traffic circulation, levels of service, access, emergency services, utility facilities or other similar right-of-way purposes; (attach additional sheets as necessary):

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Describe the manner in which the proposed vacation will benefit the public interest:

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Describe the manner in which the proposed vacation contributes to the development potential of the site: (attach additional sheets as necessary):

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Describe the manner in which the proposed vacation is consistent with City land use policies for the area:  
(attach additional sheets as necessary):

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Describe any environmental impacts that could result from the vacation:

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Explain basis for the request to vacate City right-of-way or property:

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List any easements and/or existing utilities, either public or private, that abut or cross the proposed vacation:

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PROPERTY OWNERS: List names and mailing addresses of all owners of the abutting property(s): (Attach additional sheets if necessary)

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CONTACT PERSON (to receive all correspondence, hearing notice, etc., by mail and to be primary phone and correspondence contact): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE (if any): \_\_\_\_\_

FAX: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant