Public Works Number:
__ __ - __ __ __ __ __ __ / 3- __ __ __ __ __

CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

Department of Public Works
Development Services
200 East Santa Clara Street
San Jose, California 95113
(408) 535-7802

APPLICATION FOR VACATION OF A STREET OR EASEMENT

1. General Information

Applicant (If Agent for Owner, denote Title)	Phone Number Fax Number
Address of Applicant	City State Zip Code
Property Owner (If different from Applicant)	Phone Number Fax Number
Mailing Address of Property Owner	City State Zip Code
Email Address:	

2. Property Address/Location: _____

Assessor's Parcel Number: _____ Tract No: _____ Lot No: _____

3. Description of Street or Easement: (i.e. public street, type of easement, etc.)

_____

4. Reason for this request to vacate street or easement:

_____

The undersigned states that the required plat map, legal description, utility consent letters, title report and fees are attached, and requests that the aforementioned street or easment be vacated.

_____ _____ _____
Applicant (Print) Signature Date

By signature below, I hereby assign the above named agent to act on my behalf concerning matters involved with this vacation application.

_____ _____ _____
Property Owner (Print) Signature Date

Development Services Staff Use Only

Project No: _____ Received By: _____ Date: _____

Type of Vacation: Regular Summary (Circle One)

Comments: _____

_____

Documents attached: Utility Consent Letters Title Report Plat Map Legal Description
(circle all that apply)

Fee Collected: $ _____ Check No: _____ Receipt No: _____