622 Crook Street
Custer, SD 57730

Planning Department

Phone: (605) 673-4824
Fax: (605) 673-2411

Vacation of Right-of-Way Application

Applicant Information	(Owner of property if different than applicant)
Applicant_____	Owner _____
Address_____	Address_____
_____	_____
City *State* *Zip*	*City* *State* *Zip*
Phone _____	Phone _____
E-mail: _____	E-mail: _____

Vacation Of: Street _____ Alley _____ Easement _____

Is the Proposed Vacation Site Currently in Use? (utilities, vehicular/pedestrian traffic) _____

If Yes, Indicate Current Use_____

_____

Reason for the request _____

_____

_____

Proposed Vacation Location Information

Legal Description_____

_____

Size _____ (acres)(square feet) **Location / Address** _____

Zoning District _____ **Water** _____ **Sewer** _____

Surveyor/Engineer Information

Surveyor/Engineer _____

Registration Number _____ **Phone Number** _____

Please Attach the Following Information as Required at least 20 days prior to the Planning Commission meeting.

- Exhibit showing proposed area to be vacated
- Petition of property owner(s) Pursuant to SDCL 9-45-7
- Vacation Fee per the Fee Schedule

Owner/Applicant Signature: _____ **Date:** _____

Date Filed _____	Permit Fee _____
Certified Mail Date_____	Permit / Receipt number _____
Planning Commission Date _____	Zoning_____
Public Hearing Date _____	Parcel ID _____