

**HATTIESBURG PLANNING COMMISSION
STREET OR ALLEY CLOSING**

Date: _____

Fee: \$300.00 per application

INSTRUCTIONS

1. For your benefit, a pre-application conference is suggested.
2. Send completed application and all supporting documents to:

City of Hattiesburg
Planning Division-Dept. Of Urban Development
Post Office Box 1898
Hattiesburg, MS 39403-1898

3. For further information and assistance in preparing this application, contact the Planning Division by phone at 601-545-4599 or 601.545-4591, or in person in their office on the second floor of City Hall, 200 Forrest Street.
4. Please keep a copy of your application, and review applicable City ordinances and State law.

NOTE: This application will be deemed preliminary until it is certified as complete by the Hattiesburg Planning Commission or the Director of Urban Development. Additional information may be requested.

PLEASE PRINT OR TYPE ALL INFORMATION.

1. Reason(s) for closing the street/alley:

2. Legal description of the street/alley or portion thereof to be closed: (To be provide by applicant's Engineer or Surveyor.)

3. Current name of street/alley and intersecting streets/alleys or street names bounding alley:

4. A Tax Block(s) and Lot(s) involved in closing request:

5. Describe existing development on property adjacent to the street/alley (i.e.: type of land uses, number of occupied dwelling units, business, height of buildings, etc.) And surrounding property within 400 feet.

6. Describe the effect the proposed street/alley closing will have on existing development and the transportation system within the affected area.

7. Have applications for zoning, variance, building permit, or other applications been filed?
_____ Yes _____ No

If yes, provide reference numbers and dates: _____

8. Acknowledgment of property owners adjacent to the street/alley closing. Include all names and addresses and a legal opinion or affidavit attesting to the signatures of all owners of record. The affidavit must be sworn to before a notary public or other appropriate official.

9. Architect/Engineer: (If applicable)

Name: _____ Phone: _____
Address: _____

10. Attorney: (If applicable)

Name: _____ Phone: _____
Address: _____

11. Applicant or corporate officer:

Name: _____

Address: _____

Phone: _____

_____ Date

_____ Signature of Applicant or corporate officer

AFFIDAVIT IS TO BE ATTACHED TO THE ACKNOWLEDGMENT OF AFFECTED PROPERTY OWNERS OF RECORD AND BUSINESSES.

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Personally came and appeared before me, the within named _____, who acknowledged to me that he/she collected the signed and delivered attached names, addresses, signatures and foregoing instrument as and for their free act and deed on the day and year therein mentioned, and who acknowledged to me that they are requesting the closing of the street/alley as petitioned and has collected the signatures of all property owners of record and businesses affected by the street/alley closing.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE, this the _____ day of _____, A. D., _____.

NOTARY PUBLIC

My Commission Expires:
