



CITY OF BUENA VISTA

ABANDONMENT OF PUBLIC RIGHT OF WAY

CITY OF BUENA
VISTA
Office of Planning and
Zoning
2039 Sycamore Avenue
Buena Vista VA 24416

Submission Date: _____

A copy of a plat or a survey **MUST** be attached to this application. The survey must show all adjacent parcels listed in the land value calculation, or an additional map or plat must show this.

APPLICANT INFORMATION

Name:					
Address:					
City:		State:		Zip:	
Phone:					

PRIMARY PROPERTY INFORMATION

Name:				
Address:				
Tax Map Number:		Zoning:		

PROPOSED AREA TO BE ABANDONED

Describe location (street name, block, alley, etc.):			
Length of right of way to be abandoned:		Area of right of way to be abandoned (sq ft):	
Describe reason for request and proposed use of property:			

LAND VALUE CALCULATION

	Adjacent Parcel Tax Map Number	Assessed Land Value		Area (sq ft)		Value per square foot			
1			÷		=				
2			÷		=				
3			÷		=				
4			÷		=				
5			÷		=				
6			÷		=				
7			÷		=				
				Sum					
		Number of adj. parcels		Average Value per sq ft					
Area (sq ft) to be abandoned:						X	[Average Value per sq ft]	=	
									<i>Fair Market Value</i>

ADDITIONAL FEES

Public Hearing Advertisement Fee:				
Postage for Adjacent Landowner Notification	No. of Parcels:		x \$0.46 =	
Land Fair Market Value (from above):				
Grand Total Due:				

ATTESTATION

I understand the following:

1. The purchase price for the property must be paid within thirty (30) days of enactment of the Ordinance of vacation or abandonment.
2. The City of Buena Vista will retain a perpetual easement over, under, and across the Property for the installation, maintenance, repair, or replacement of all utilities, including but not limited to water and sewer lines, electric, cable, telephone and gas lines, and garbage pick-up.
3. Property owner may be required, by terms set forth in a separate agreement, to make specific improvements or alterations to the former public right-of-way acquired in order to make its private ownership character evident.

APPLICANT SIGNATURE			
Signature:		Date:	
Zoning Administrator:		Date:	
Staff Comments:			