

CLOSURE/ ABANDONMENT APPLICATION FORM

CASE NUMBER:		Date Submitted:	
1 Applicant Request			
Closure/Abandonment	<input type="checkbox"/> Alley <input type="checkbox"/> Street <input type="checkbox"/> Sewer <input type="checkbox"/> Other		
	<input type="checkbox"/> Open <input type="checkbox"/> Unopened Length/Width:		
	Beginning:		
	Ending:		
2 Property Information			
Block Ranges of Closure:			
Property Tax Map Number(s):			
3 Proposed Development			
Reason for Request and/or Proposed Use:			
4 Site Characteristics			
Current Zoning:			
Current Use:			
Adjacent Uses:			
5 Applicant Information			
All communication will be with the Applicant. If the applicant is not the property owner, the Town of Walden requires a letter from the property owner(s) confirming that the applicant has permission to file this application on his/her behalf.			
Name		Address:	
Check one:	<input type="checkbox"/> I am the property owner	<input type="checkbox"/> I am not the property owner	
City:	State: TN	Zip Code: 37377	Email:
Phone 1:	Phone 2:	Fax:	
6 Property Owner Information (if not applicant)			
Name:	Phone:		
Address:			
Attach to application:			
Checklist			
Application Complete	Ownership Verification	Map of Proposed Zoning Area with dimensions	
Site Plan	Total Acres to be considered:		
Filing Fee: 100.00			
Town of Walden meeting date:	Application processed by:		