

Planning Commission Supplement Public ROW Vacation City of Biloxi Planning Division 676 Martin Luther King Jr., Boulevard Biloxi, MS 39530 (228)435-6266 Fax (228)435-6188

TO BE COMPLETED BY APPLICANT PC-_____ Shaded Areas for Staff Only ______

Applicant	Phone	
Address	Ward #	
Zoning District Classification	AHRC District, if applicable	
Tax Parcel Identification Number:		
 Name of the public right-of-way propose Length (in feet) of the section of the public right (in feet) of the section of the public right (in feet) of the section of the public right (in feet) of the section of the public right (in feet) of the section of the sectio		
 Right-of-way width (in feet) Is the public right-of-way in question imp 		

5. List any interconnecting streets along the section requested for vacation

6. On a separate sheet, please verify names of property owners directly affected by this request and provide documentation if they are in favor of this vacation.

7. A legal description of the requested vacation must be attached

8. Letters from each of the following utilities **must** be attached to your request stating if that specific utility is located in the said public ROW and stating any interest it may have in the said public ROW.

Utility	Letter Attached? (Please mark with a√)	Staff Confirmation
Water		
Sewer		
Gas		
Electricity		
Cable		
Telephone		
Other (specify)		



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9. Please *explain* the nature of the project which requires the above-requested vacation, including how this project is consistent with the overall goals of the Comprehensive Plan, potential positive and negative impacts of project (use additional paper if needed):