



**Planning Commission Supplement**  
**Public ROW Vacation**  
 City of Biloxi Planning Division  
**Mailing Address: P.O. Box 508, Biloxi, MS 39533**  
 Office Location: 676 Dr. MLK Blvd.,  
 Planning (228) 435-6266 Fax (228) 435-6188

Case No.   -    -

Applicant \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Ward # \_\_\_\_\_

Zoning District Classification \_\_\_\_\_

AHRC District, if applicable \_\_\_\_\_

Tax Parcel Identification Numbers:      -   -    .

1. Name of the public right-of-way proposed for vacation: \_\_\_\_\_

2. Length (in feet) of the section of the public right-of-way requested to be vacated. \_\_\_\_\_

3. Right-of-way width (in feet) \_\_\_\_\_

4. Is the public right-of-way in question improved?  YES  NO

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)		



**PUBLIC RIGHT-OF-WAY VACATION REQUEST**

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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):

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NOTE: If approved, this vacation will not become effective until the applicant files the resolution at the Harrison County Courthouse, and provides a certified copy to Community Development confirming it was filed.