Print Form

Application for

Street Closing and Abandonment

SCA
2/09

City of Rockville

Department of Community Planning and Development Services

111 Maryland Avenue, Rockville, Maryland 20850
Phone: 240-314-8200 • **Fax:** 240-314-8210 • **E-mail:** Cpds@rockvillemd.gov • **Web site:** www.rockvillemd.gov

Please Print Clearly or Type

Property Address Information _____

Subdivision _____ Lot (S) _____ Block _____

Zoning _____ Tax Account (S) _____ , _____ , _____

Applicant Information:
Please supply Name, Address, Phone Number and E-mail Address

Applicant _____

_____

Property Owner _____

_____

Architect _____

_____

Engineer _____

_____

Attorney _____

_____

Property Name _____

Project Description _____

_____

STAFF USE ONLY

Application Acceptance:

Application # _____

Pre-Application _____

Date Accepted _____

Staff Contact _____

OR

Application Intake:

Date Received _____

Reviewed by _____

Date of Checklist Review: _____

Deemed Complete: Yes ❑ No ❑

The undersigned hereby makes application with the Mayor and Council of Rockville, Maryland, for the permanent closing and abandonment of the public way described herein, and in support of such application supplies the following information.

(a) The name and address of the undersigned area as indicated on page 1.

(b) The public way is the subject of this application is generally described by name and United States Post Office numbering or intersecting streets as follows _____

_____

(c) The interest of the undersigned in such public way is as follows _____

_____

_____

(d) The reasons for making such application are as follows _____

_____

_____

(e) A description by metes and bounds of the public way which is the subject of this application is as follows _____

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(f) According to assessment records, all of the owners of real property immediately adjacent to the public way, which the subject of this application, are as follows:

	Name	Address
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
14.		
19.		
20.		

_____ _____

Signature of Attorney Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20 _____ .

_____

Notary Public

My Commission Expires _____

Application Checklist:

❏ Complete Application

❏ Filing Fee

❏ 6 (11x17) right-of-way surveys

❏ 6 written metes and bonds descriptions

❏ Contact information for applicant is provided (address, phone #, email)

❏ Addresses and names of all abutting property owners

❏ Narrative stating the reason for the request

Comments on Submittal: (For Staff Use Only)

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