



Checklist – Street Closure Application

Item	Yes	No	Not Applicable	Comments
Required application fee, \$105.00				
Complete and signed application, including signatures from all property owners adjoining the proposed right-of-way segment to be closed				
Two 8½ x 14 inch copies of survey showing portion of right of way requested to be closed.				
Title Search of right-of-way to be closed.				
Appraisal of right-of-way to be closed, <i>conducted by MAI appraiser</i> , if necessary.				

Notes:

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____



**CITY OF NORFOLK
PLANNING COMMISSION**

DEPARTMENT OF CITY PLANNING

City of Norfolk City Hall
810 Union Street, 5th Floor, Room 508
Norfolk, VA 23510
Phone (757) 664-4752 Fax (757) 664-1569
www.norfolk.gov/planning

STREET CLOSURE APPLICATION



Application Procedures

STREET CLOSURE APPLICATION

1. A pre-application meeting is required. To arrange for an appointment, please call Jeff Raliski at 664-4766.
2. Submit completed application with all required attachments including **completed checklist**, **house plat or survey** (*see attached example), **title search** of portion of the street proposed for closure, and a **\$105** check made payable to the City of Norfolk. An **appraisal** *may* be required; this will be determined during the pre-application meeting. If an appraisal of the right-of-way *is* required, the appraisal must be conducted by an **MAI appraiser** (a list of credentialed appraisers will be provided to you).
3. Staff will review the application to determine its completeness and feasibility of the requested closure. Staff will not accept an incomplete application.
4. Once the completed application is received, staff will submit request to all Utility providers to determine if any easements are required (this will take approximately one month).
5. Upon receipt of notification of any necessary easements, street closure requests will be placed on the next possible Planning Commission agenda.
6. Applicant must contact appropriate Civic League **prior to the public hearing**. Providing written documentation to Planning staff of any meetings, input from the Civic Leagues concerning your request is helpful to the Planning Commission.
7. Staff will post a legal notice of the application request and photograph subject property.
8. The Planning Commission will visit the site on the 2nd Wednesday of the month (it is not necessary for the applicant to be present).
9. Applicant or representative **must** attend public hearing:
Where: City Hall Building
11th Floor, Council Chambers
Time: 2:30 p.m.
8. The Planning Commission will make a recommendation on the application at their hearing; this recommendation will be forwarded to City Council.
9. Prior to the request being forwarded to City Council, the City Attorney's office prepares the ordinance. Applicant will be required to provide the City Attorney the following:
 - Easement agreements for any existing City or utilities
 - Purchase price as determined by the City Assessor (if applicable)
 - Fee for advertising City Council public hearing (approximately \$500.00)
10. Applicant may contact staff two (2) weeks after the hearing to obtain a tentative Council date (the City Manager's Office establishes the contents of Council's agenda).

DEPARTMENT OF CITY PLANNING ZONING SERVICES

City of Norfolk City Hall, 5th Floor, Room 508
(757) 664-4752 / (757) 664-1569 (FAX)
www.norfolk.gov/planning



Application for City Planning Commission Public Hearing

STREET CLOSURE

Street Closure Fee..... \$105 made payable to the City of Norfolk

Date of application: _____

Name of Applicant or Adjacent Property Owner:

(Last) _____ (MI) _____ (First) _____

Mailing address (Street/P.O. Box): _____

(City) _____ (State) _____ (Zip Code) _____

Daytime telephone () _____ Fax () _____ Email _____

Email address of applicant: _____

Name of Representative (if different from Applicant):

(Last) _____ (MI) _____ (First) _____

Mailing address (Street/P.O. Box): _____

(City) _____ (State) _____ (Zip Code) _____

Daytime telephone () _____ Fax () _____ Email _____

Description of Property (List street name and location of closure request):

(Street Name) _____

(Location of closure request) _____

DEPARTMENT OF CITY PLANNING

810 Union Street, Room 508

Norfolk, Virginia 23510

Telephone (757) 664-4752 Fax (757) 441-1569

(Revised January, 2015)

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(Zoning) _____ (Land Area in acres or square feet) _____

Please describe the reason for requesting the closure:

List each **adjacent property owner** (print owner name and address) with signature of consent for the closure request. Use additional paper if needed:

Property Owner:	_____ / _____ Print Name Signature Address:
Property Owner:	_____ / _____ Print Name Signature Address:
Property Owner:	_____ / _____ Print Name Signature Address:
Property Owner:	_____ / _____ Print Name Signature Address:
Property Owner:	_____ / _____ Print Name Signature Address:

CIVIC LEAGUE INFORMATION

Civic League contact: _____

Date(s) contacted: _____

Ward/Super Ward information: _____

REQUIRED ATTACHMENTS

- ✓ Check for \$105.00 made payable to: City of Norfolk.
- ✓ Two 8½ x14 inch copies of house plat or survey showing portion of right of way requested to be closed.
- ✓ Title Search of right-of-way to be closed.
- ✓ Appraisal of right-of-way to be closed, *conducted by MAI appraiser*, if necessary.

CERTIFICATION:

I hereby submit this complete application and certify the information contained herein is true and accurate to the best of my knowledge:

Print name: _____ Sign: _____ / _____ / _____
(Adjacent Property Owner or Authorized Agent of Signature) (Date)

Print name: _____ Sign: _____ / _____ / _____
(Applicant) (Date)

ONLY NEEDED IF APPLICABLE:

Print name: _____ Sign: _____ / _____ / _____
(Authorized Agent Signature) (Date)