

## **APPLICATION FOR PERMANENT STREET CLOSURE**

### **THE PROCESS:**

- A completed Application for Permanent Street Closure and all required material must be submitted to the Planning Department. Incomplete application packages or inaccurate information will delay processing and review.
- The Planning Department will review the request to verify there is no interference with Wake County Public School System or other public services, whether or not any existing utilities or other improvements require easements if the street closure is approved and will prepare documentation for submittal to the Town Clerk.
- The Town Clerk will submit to a Resolution of Intent to the Town Board of Commissioners to set a public hearing to consider closure the street. The Resolution of Intent will be heard and reviewed at the next possible regularly scheduled meeting and will include a date and time for the public hearing.
- The Town Clerk shall advertise the public hearing to close the street for four (4) consecutive weeks and notify abutting property owner(s) of the date, time, and place of the public hearing. The Planning Department will post two (2) signs in the area of the street closure request at the time of advertising.
- At the public hearing, the Town Board of Commissioners will hear public comments and make a decision on the request: a Resolution Ordering Street Closure, a referral of the request to a committee for further discussion, or denial the request. This will take a minimum of 8 to 10 weeks from the receipt of Application for Street Closure.
- If the Application for Permanent Street Closure is approved and a Resolution Ordering Street Closure issued, a 30-day period for appeal begins from the date of approval. If no appeals of the street closure are made within 30 days, proceedings for street closure may continue.
- The applicant(s)/petitioner(s) is required to produce a survey map, prepared by a registered land surveyor, dividing the property that was the street right-of-way and using the centerline of such street to recombine the street right-of-way to the adjacent properties. The cost of all survey work and maps are the responsibility of the applicant(s)/petitioner(s). The recombination survey map must be submitted to the Planning Department, in compliance with Application for Minor Subdivision, Recombination or Exempt Plat.

*Temporary streets closures shall follow the requirements of the Town of Fuquay-Varina Police Department and Public Works Department. This application only applies to permanent closures.*



Planning Department
134 N Main Street
Fuquay-Varina, NC 27526
Phone (919) 552-1429
www.fuquay-varina.org

APPLICATION FOR PERMANENT STREET CLOSURE

This application shall be submitted for permanent street closure applications as defined by the Town of Fuquay-Varina Code of Ordinances. A \$400 application fee and all required submittal materials shall be delivered to the Planning Department.

I (We) petition the Town of Fuquay-Varina to close [ ] a portion of or [ ] in its entirety (street name), from intersection of [ ] to [ ], approximately [ ] feet, within the planning jurisdiction of the Town. (State Road # [ ], if applicable.)

By signing this application, I (We) acknowledge that the street, or portion thereof, may be closed if:

- 1. The street is not used by the Wake County School Board as a school bus route.
2. Utility easements are created on the property for existing utilities.
3. The closure is not contrary to the public interest.
4. The street closure would not deprive adjacent property owners of reasonable means of ingress and egress to their property.

PROPERTY OWNER: [ ]
PROPERTY ADDRESS: [ ]
EMAIL ADDRESS: [ ] PHONE: [ ]
OWNER/DEVELOPER SIGNATURE: [ ] DATE: [ ]

PROPERTY OWNER: [ ]
PROPERTY ADDRESS: [ ]
EMAIL ADDRESS: [ ] PHONE: [ ]
OWNER/DEVELOPER SIGNATURE: [ ] DATE: [ ]

PROPERTY OWNER: [ ]
PROPERTY ADDRESS: [ ]
EMAIL ADDRESS: [ ] PHONE: [ ]
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**NAME OF PETITIONER:** \_\_\_\_\_

**ADDRESS OF PETITIONER:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE NUMBERS (DAY):** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

<b>TOWN OFFICE USE ONLY:</b>
Tracking # _____
Date Rec'd _____