



# VACATION OF PUBLIC EASEMENTS & RIGHTS-OF-WAY APPLICATION

Date: \_\_\_\_\_

1. APPLICANT'S NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_
2. PROPERTY OWNER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_
3. Request is hereby made to vacate the following: (check one) Street:  Alley:  Easement:  Other:   
 Street Name / Location: \_\_\_\_\_  
 Subdivision Name: \_\_\_\_\_
4. Reason for vacation request: \_\_\_\_\_
5. Surface Improvements located in subject property to be vacated:  
 None  Paving  Curb & Gutter  Power Lines/Poles  Fences/Walls  Structures  Other
6. Underground Improvements located in the existing rights-of-way:  
 None  Telephone  Electric  Gas  Water  Sewer  Storm Drain  Other
7. Future use of the vacated right-of-way:  
 Yards  Parking  Expand Building Area  Replat with abutting Land  Other
8. Related applications which are pending (give name or file number): Zoning  \_\_\_\_\_ Board of Adjustment  \_\_\_\_\_  
 Subdivision  \_\_\_\_\_ Building Permits  \_\_\_\_\_ Other  \_\_\_\_\_
9. Signatures: All owners of properties which abut the property to be vacated must appear below with an adequate legal description of the properties they own (use additional paper if necessary).

Signature	Legal Description	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned Owner/Applicant/Agent understands that the processing of this Application will be handled in accordance with the procedure for Requesting Vacations and that no action on processing will be taken without payment of the non-refundable processing fee. It is further understood that acceptance of this application and fee in no way obligates the Town of Horizon City to grant the Vacation.

The undersigned acknowledges that he or she is authorized to do so, and upon the Town's request will provide evidence satisfactory to the Town's confirming these representations.

The granting of a vacation request shall not be construed to be a waiver of or an approval of any violation of any of the provisions of any applicable ordinances.

OWNER / APPLICANT SIGNATURE: \_\_\_\_\_ REPRESENTATIVE: \_\_\_\_\_

Easement Fee: \$75  
Right-of-Way Fee: \$150

**Note:** Applicant is responsible for all expenses incurred by the City in connection with this request, including but not limited to attorney's fees, engineering fees, appraisals, and publication. Charges will be invoiced separately. Applicant's initials \_\_\_\_\_

**Please see reverse side for a list of items required when submitting the Vacation application.**

NOTE: SUBMITTAL OF AN APPLICATION DOES NOT CONSTITUTE ACCEPTANCE FOR PROCESSING UNTIL THE PLANNING DEPARTMENT REVIEWS THE APPLICATION FOR ACCURACY AND COMPLETENESS.

# Town of Horizon

## Vacation of Public Easement & Right-of-Way Application Required Documentation

- 1. **SUBMIT APPLICATION FEES.** FORM MUST BE COMPLETELY FILLED OUT AND SIGNED BY ALL PARTIES.
- 2. COPIES OF RECORDED DEEDS SHOWING OWNERSHIP OF PROPERTIES ABUTTING THE PUBLIC EASEMENT.
- 3. THREE (3) OFFICIAL COPIES OF THE **SURVEY OF THE AREA** REQUESTED FOR VACATION, SHOWING ALL ABUTTING PROPERTY BOUNDARIES, IMPROVEMENTS, DIMENSIONS, AND OTHER EASEMENTS OR RIGHT-OF-WAY CONTAINED ON THE PROPERTY. THE SURVEY MUST BE PREPARED BY A PROFESSIONAL LAND SURVEYOR REGISTERED IN THE STATE OF TEXAS.
- 4. **METES AND BOUNDS** DESCRIPTION OF THE PROPERTY TO BE VACATED AND SQUARE FOOTAGE.
- 5. A COPY OF THE **SUBDIVISION PLAT OR INSTRUMENT**, BY WHICH THE PUBLIC EASEMENT OR RIGHT-OF-WAY WAS DEDICATED, SHOWING THE RECORDING INFORMATION.
- 6. **UTILITY VERIFICATION LETTERS FOR NON-USE WITHIN THE VACATION REQUEST FROM:**
  - A. Horizon Regional Municipal Utility District  
General Mgr. (915) 852-3917
  - B. El Paso Electric Company  
Information (915) 543-5970
  - C. Texas Gas Service  
Claudia Villanueva (915) 680-7242
  - D. Southwestern Bell Telephone (SBC)/ AT&T  
Manny Moreno, Engineer (Horizon Area) (915) 595-5107
  - E. Time Warner Cable  
Information (915) 257-4020
- 7. SUBMIT ALL REQUIRED ITEMS & DOCUMENTS LISTED ABOVE **BY DEADLINE DATE**. IF DATELINE DATE IS UNKNOWN, PLEASE CONTACT THE TOWN OF HORIZON TO OBTAIN THE MEETINGS DATELINE DATE.

**Office Use Only**

Date App Received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Items Due Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date Fee Paid: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Received By: \_\_\_\_\_

P&Z Hearing Date: \_\_\_\_\_ City Council Date: \_\_\_\_\_