

**CITY OF SARALAND  
BUILDING DEPARTMENT  
APPLICATION FOR VACATION RIGHT-OF-WAY**

Application Number: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_  
(Street or P.O. Box)  
\_\_\_\_\_  
(City) (State) (Zip)

Email: \_\_\_\_\_

Name of Agent, if other than owner: \_\_\_\_\_

Telephone # \_\_\_\_\_

Subdivision: \_\_\_\_\_

Lot(s): \_\_\_\_\_ Unit: \_\_\_\_\_

**\*\*See Checklist for Required Documentation.\*\***

Certification consenting to the vacation is required from:

- \_\_\_\_\_ City of Saraland Public Works Department
- \_\_\_\_\_ City of Saraland Sewer Department
- \_\_\_\_\_ Saraland Water Service
- \_\_\_\_\_ BellSouth Telecommunications/AT&T
- \_\_\_\_\_ Cable Company
- \_\_\_\_\_ Property Owners Association, (if applicable)

Reason for requesting vacation of right-of-way:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE**

**The applicant or the agent (if an agent is authorized) must be present at the hearing.**