

**JACKSON COUNTY, MISSOURI  
APPLICATION PLAT VACATION**

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Entire Plat

Portion of Plat

**Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**APPLICANT INFORMATION:**

Application must be filed with the Jackson County Planning and Development Division, 303 West Walnut, Independence, Missouri 64050 by the date on the Plan Commission Calendar.

The following items need to be submitted with the application:

1. A letter to the Administrator of Planning and Development giving the reasons for the vacation request.
2. An accurate legal description (metes and bounds) of the area to be vacated. This needs to be done by a Missouri Registered land surveyor who must sign and seal the legal description document.
3. Two (2) copies 22 x 33 of a black and white map which shows the subject area in detail.
4. The filing fee of \$250 (non-refundable), check payable to Manager of Finance.

Signature of individual submitting the vacation request:

\_\_\_\_\_  
(Signature) \_\_\_\_\_  
(Date)

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**TO BE COMPLETED BY OFFICE PERSONNEL ONLY:**

**Case Number LA-** \_\_\_\_\_

Date filed \_\_\_\_\_ Date of hearing \_\_\_\_\_ Date Advertised \_\_\_\_\_

Heard by \_\_\_\_\_ Date \_\_\_\_\_ Decision \_\_\_\_\_

Heard by \_\_\_\_\_ Date \_\_\_\_\_ Decision \_\_\_\_\_

Heard by \_\_\_\_\_ Date \_\_\_\_\_ Decision \_\_\_\_\_

**Verification: I (We) hereby certify that all of the foregoing statements contained in any papers and/or plans submitted herewith are true to the best of my (our) knowledge and belief.**

**Signature**

**Date**

**Applicant(s):** \_\_\_\_\_  
\_\_\_\_\_

**Applicant(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, before me the undersigned notary public, personally appeared  
known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.  
In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

Commission Expires \_\_\_\_\_