



**Botetourt County Planning Commission and Board of Supervisors
Request to Vacate**

5 West Main Street, Suite 100 ♦ Fincastle, VA 24090 ♦ 540.473.8320

I, _____, hereby request to vacate the following:

Print name of owner(s)

Lot Line **Sanitary Sewer Easement** **Drainage Easement** _____
If more than one, please check each type of *Request to Vacate*. (Other, please explain)

Subdivision Name:	Magisterial District:
Zoning Classification	Tax Map Number(s):
Name of Property Owner:	
Mailing Address:	
Telephone Number:	
Fax Number:	E-mail address:
Name of Developer:	
Mailing Address:	
Telephone Number:	
Fax Number:	E-mail address:
Purpose of request:	

All applicants must have notarized signatures by the current property owners. By signing below, signature(s) indicate consent for county officials to conduct site reviews on this property.

Signature and printed name of property owners Date

Signature and printed name of property owners Date

State of Virginia
County of Botetourt to Wit:

The foregoing instrument was acknowledged before me this _____ day of _____ 20__ by

Printed name of property owners(s)

My commission expires: _____ Date

Notary Public printed name and registration number Notary Public signature

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