

# Public Way Vacation Application



## Boyne City Planning Commission

319 N. Lake Street (231) 582-0337  
Boyne City, Michigan 49712-1188  
[www.boyne-city.com](http://www.boyne-city.com)

➡ **Applicant Name:** \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_  
Phone Number (s): \_\_\_\_\_ E-mail: \_\_\_\_\_

### Description of Public Way Proposed to be Vacated:

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

Does the Public Way or part thereof abut any body of water? If so please describe:

\_\_\_\_\_

Will the vacation result in any parcel of land being denied direct access?

\_\_\_\_\_

*I/we understand and agree, upon execution and submission of this application, that I/we agree to abide by all provisions of the City of Boyne City Zoning Ordinance as well as all procedures and policies of the City of Boyne City Planning Commission as those provisions, procedures, and policies relate to the handling and disposition of this application; that the above information is true and accurate to the best of my/our knowledge; and that a filing fee is due with this application.*

\_\_\_\_\_  
**Applicant** (Printed Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This is to certify the required \$400 filing fee was received on \_\_\_\_\_ and documented  
with Receipt Number \_\_\_\_\_. This application is scheduled for public hearing on \_\_\_\_\_

Staff Initials \_\_\_\_\_

**No Faxed Copies/Originals only**

(form last updated 31 Aug 04)