

PLAT VACATION APPLICATION



PLAT VACATION

A plat vacation vacates the existing plat on the property and returns it to its prior platted or unplatted status.

SUBMITTAL REQUIREMENTS

Office Use	
	Plat vacation certification from each property owner within the boundaries of the plat being vacated
	Certified copy of the plat being vacated if the city doesn't have a copy of the plat on file
	If there are easements on the plat being vacated, provide acknowledgement from the franchise utility companies including, but not limited to: AT&T, Atmos, Oncor, Spectrum, and Time Warner

PROPERTY INFORMATION

Address or General Location: _____
 Acreage: _____
 Zoning of Property: _____
 Tract, Survey, Abstract: _____
 Lot, Block, Subdivision: _____

APPLICANT

Name: _____
 Company: _____
 E-mail (Required): _____
 Telephone: _____
 Mailing Address: _____
 City, State, Zip: _____

PROPERTY OWNER

Name: _____
 Company: _____
 E-mail (Required): _____
 Telephone: _____
 Mailing Address: _____
 City, State, Zip: _____

Office Use

Case #:		Received By:		Total Due:	\$ N/A	Payment Method:	N/A
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All applications shall be submitted to:

Planning Department • 285 Uptown Blvd., Cedar Hill, TX 75104 • 972.291.5100, ext. 1081 • www.cedarhilltx.com/95/Planning

PLAT VACATION CERTIFICATION



I, _____ (printed name of property owner), hereby certify that I am the property owner of land legally described as Lot(s) _____, Block(s) _____ of the _____ Addition, as recorded in Volume _____, Page _____ of the Deed and/or Plat Records of _____ County, Texas. I hereby request vacation of said plat by the City of Cedar Hill, Texas on this the _____ day of _____, in the year _____.

Signature of Property Owner

STATE OF TEXAS:

COUNTY OF _____:

BEFORE ME, the undersigned authority, a Notary Public for the State of Texas, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purpose and considerations therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS _____ day of _____, in the year _____.

APPROVED by the Planning and Zoning Commission, the City of Cedar Hill, on this the _____ day of _____, in the year _____.

Chairman

APPROVED by the City Council, the City of Cedar Hill, on this the _____ day of _____, in the year _____.

Mayor

ATTEST:

City Secretary

PLAT VACATION CERTIFICATION



FRANCHISE UTILITY AUTHORIZATION

The undersigned franchise utility company using or entitled to use, under the terms and provisions of our respective franchises with the City of Cedar Hill, those rights-of-way and utility easements appearing on the plat entitled the _____ Addition, as recorded in Volume _____, Page _____ of the Deed and/or Plat Records of _____ County, Texas, does hereby consent to the vacation and abandonment of said plat and those rights-of-way and easements shown thereon.

AT&T

Authorized Representative: _____
E-mail (Required): _____
Telephone: _____
Mailing Address: _____
City, State, Zip: _____

Signature of Authorized Representative Date

PLAT VACATION CERTIFICATION



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ATMOS

Authorized Representative: _____
E-mail (Required): _____
Telephone: _____
Mailing Address: _____
City, State, Zip: _____

Signature of Authorized Representative Date

PLAT VACATION CERTIFICATION



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ONCOR

Authorized Representative: _____
E-mail (Required): _____
Telephone: _____
Mailing Address: _____
City, State, Zip: _____

Signature of Authorized Representative Date

PLAT VACATION CERTIFICATION



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SPECTRUM

Authorized Representative: _____
E-mail (Required): _____
Telephone: _____
Mailing Address: _____
City, State, Zip: _____

Signature of Authorized Representative Date

PLAT VACATION CERTIFICATION



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TIME WARNER

Authorized Representative: _____
E-mail (Required): _____
Telephone: _____
Mailing Address: _____
City, State, Zip: _____

Signature of Authorized Representative Date

PLAT VACATION CERTIFICATION



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OTHER

Authorized

Representative: _____

E-mail (Required): _____

Telephone: _____

Mailing Address: _____

City, State, Zip: _____

Signature of Authorized Representative

Date