

# APPLICATION

Surplus Property



APPLICANT INFORMATION:			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
PROPERTY INFORMATION:			
Tax Map Information	Tax map:	Group:	Parcel: Lot:
Street Address		Apartment/Unit #	

DISCLAIMER AND SIGNATURE	
<p>The applicant agrees to indemnify and hold harmless the City of Kingsport from any and all claims, demands, losses, causes of action, damage, lawsuits, judgments, including attorneys' fees and costs, arising out of or relating to the vacating and surplus of the requested property.</p> <p>The applicant agrees to supply the City with a title opinion from a Tennessee Licensed Attorney showing the owner of the requested property and the chain of title.</p> <p>If this application leads to the attainment of requested property, I understand that I will be required to pay for all costs incurred by the City associated with the transfer of property. If the appraised value of the property is \$5,000 or more the City will first offer the property for sale to the adjacent property owners. <b>(Reference City of Kingsport Code of Ordinances Sections 2-461 and 2-462.)</b></p> <p>I understand that if for any reason I choose not to acquire the property after the appraisal services are obtained, or of the Kingsport Board of Mayor and Aldermen (BMA) disapproves conveyance of the property, I will not be entitled to a refund. I also understand that if for any reason the BMA approves conveyance of the property to any party other than myself I will receive a refund for this appraisal fee after the property is fully conveyed.</p> <p>By signing below I state that I have read and understand the conditions of this application and have been informed as to the location, date and time of the meeting in which the Planning Commission will review my application. I further state that I am/we are the sole and legal owner(s) of the property described herein and that I am/we are requesting the submitted action.</p>	
Signature	Date
<p>Signed before me on this _____ day of _____, 20____,</p> <p>a notary public for the State of _____</p> <p>County of _____.</p> <p>Notary _____</p> <p>My Commission Expires _____</p>	

<b>FOR CITY RECORDER'S OFFICE</b>	
City Deed Number	
Signature of City Recorder	Date
<b>CITY PLANNING OFFICE</b>	
Received Date	Received By
Application Fee Paid	
Previous requests or file numbers	
Planning Commission Meeting Date	
Board of Mayor and Alderman Meeting Date	
Signature of City Planner	Date