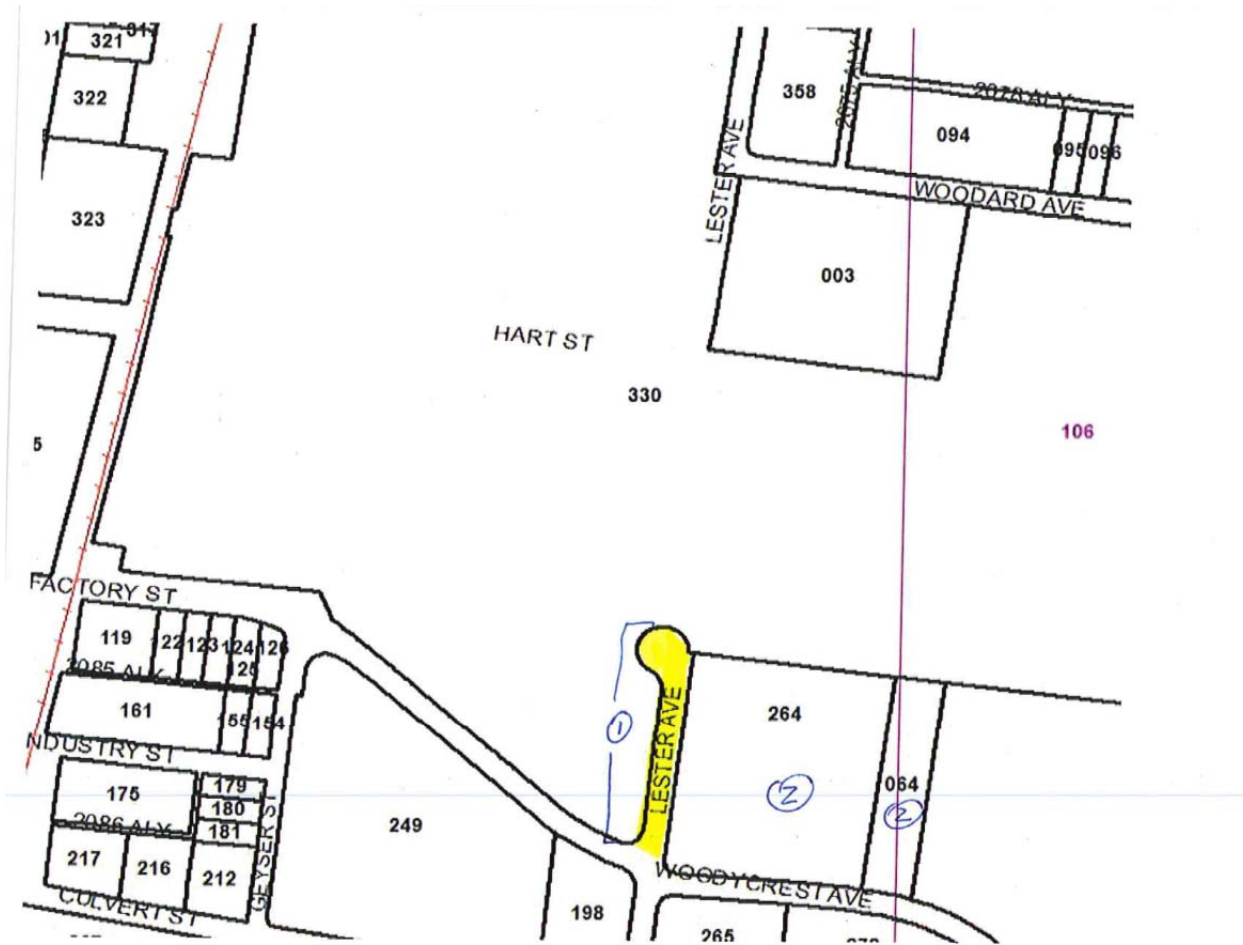


Proposal Number 2017M-023AB-001  
Map: 105-8  
Council District #17



- ① SECTION OF LESTER AVENUE REQUESTED TO BE CLOSED.
- ② THESE 2 PARCELS OF LAND WERE ACQUIRED BY TREVECCA IN DECEMBER 2015 AND HAVE BEEN INCORPORATED INTO THE CAMPUS PERMANENTLY. A NEW MUSIC BUILDING WAS CONSTRUCTED THERE.

Metropolitan Government Department of Public Works  
750 South 5<sup>th</sup> Street ♦ Nashville, TN 37206 ♦ (615) 962-8750 ♦ www.nashville.gov/mpw

Mandatory Referral Application: Street / Alley Closure

\*\*\* Before filing this application, please review checklist on the back of this application. \*\*\*

Mandatory Referral Project No. \_\_\_\_\_  
(MPW staff assigns project #)

Date Submitted: 8-3-17

Closure Type:

- Street  
 Alley

Easements:

- Retain utilities  
 Abandon utilities & relocate at applicant's expense

Street/Alley Location:

LESTER AVENUE  
Street Name(s) / Alley Number(s)  
WOODYCREST ST / FACTORY ST INTERSECTION NORTH TO TREVECCA  
Street / Alley Located Between?

Reason for Closure:

TREVECCA UNIVERSITY NOW OWNS ALL PROPERTY SURROUNDING THIS SECTION OF ~~THE~~ LESTER AND DESIRES TO ADD CROSS WALKS AND SPEED BUMPS.

Applicant: All correspondence will be mailed to the applicant.

Architect  Engineer  Property Owner  Other

Name: DAVID B. CALDWELL / E.V.P. FINANCE & ADMINISTRATION

Business: TREVECCA NAZARENE UNIV.

Address: 333 MURFREESBORO RD.

City: NASHVILLE State: TN Zip: 37210

Phone: 615-248-7790

Fax: 615-248-7777

E-mail: dcaldwell@trevecca.edu

Applicant's Signature: David B Caldwell

Filing Fee (All application fees are non-refundable)

Street / Alley Closure \$300.00

Amount paid: \$ 300.00

Accepted by: BC Date: 8-3-17

**SIGNATURE(S)**

(copy this sheet if needed for additional signatures)

As the owner(s) of property, I/we agree to the submission of this mandatory referral application to the Metropolitan Government Department of Public Works for a street and/or alley closure. We live adjacent to this street/alley and/or we consider ourselves an affected property owner.

| Printed Name & Signature (required)  | Address | Phone # | Map            | Parcel    |
|--|---------|---------|----------------|-----------|
| TRAVECCA<br>NAZARENE<br>UNIVERSITY<br><i>See applicant's<br/>signature</i> |         |         | 105-4<br>105-8 | 33<br>264 |
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