APPLICATION			
TO THE			
SEMINOLE COUNTY BOARD OF COMMISSIONERS			
DEVELOPMENT REVIEW DIVISION			

FOF (FOR: VACATE AND ABANDONMENT OF A DRAINAGE EASEMENT () FEE: \$370.00 (Make Check Payable to SEMINOLE COUNTY)			
1.	1. APPLICANT NAME: Check if primary contact.			
	Address:			
•	Phone No.: () E-Mail:			
2.				
	Address:			
	Phone No.: () Fax No.: () E-Mail:			
3.				
	 ANY ERRORS IN THE LEGAL DESCRIPTION MAY RESULT IN AN UNTIMELY DELAY IN TH REQUEST. 	E PROCESSING OF THIS		
	PLEASE PROVIDE IN A DIGITAL FORMAT WITH THIS APPLICATION OR ARRANGE TO EMAIL PRO	OJECT MANAGER.		
	• GASB 34 IS A FEDERAL REGULATION REQUIRING THE TRACKING OF EASEMENTS.	IN RESPONSE TO THIS		
4.	REQUIREMENT, PLEASE SUBMIT THE AREA (IN ACRES) OF THE EASEMENT TO BE VACATED. 4. PROPERTY DESCRIPTION OF AREA TO BE VACATED:			
	PROPERTY APPRAISER PARCEL ID NO.:			
		Lот:		
	BLOCK: PLAT BOOK: PAG			
	GENERAL LOCATION:			
5.	5. SPECIFIC REASON FOR REQUEST:			
6.	6. NAME OF ADDITIONAL CO-APPLICANTS (IF ANY)			
•-	ASSOCIATED WITH VACATE:			
	OWNER OF:			
	OWNER OF:			
7.	HE VACATING OF A			
	A. APPLICATION TO VACATE WITH REQUIRED FEE PAYABLE TO SEMINOLE COUNTY.			
	B. SITE PLAN OR SURVEY / SKETCH OF DESCRIPTION SHOWING THE AREA TO BE VACATED, INCLUDING THE OVI PARCEL, DRAWN TO SCALE ON AN $8-\frac{1}{2}$ " x 14" SHEET, SUITABLE FOR RECORDING IN THE PUBLIC RECORDS.			
8.	8. SIGNATURE OF APPLICANT(S):			
	Signature: Printed/Typed Name:			
	Signature: Printed/Typed Name:			
	Signature: Printed/Typed Name:			
	IN THE EVENT AN APPLICANT DECIDES TO WITHDRAW THEIR APPLICATION			

IN THE EVENT AN APPLICANT DECIDES TO WITHDRAW THEIR APPLICATION AFTER IT HAS BEEN SUBMITTED, SEMINOLE COUNTY WILL ASSESS THE REFUND AMOUNT BASED ON THE VALUE OF THE SERVICES RENDERED.

SEMINOLE COUNTY APPLICATION & AFFIDAVIT

Ownership Disclosure Form

Please provide the information as requested below in accordance with Ordinance No. 07-_____:

1. List all <u>natural persons</u> who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

Name:	Name:	
Address:	Address:	
Phone #:		
Name:	Name:	
Address:		
Phone #:		

(Use additional sheets for more space.)

 For each <u>corporate owner</u>, list the name, address, and title of each officer of the corporation, the name and address of each director of the corporation, and the name and address of each shareholder who owns 2% or more of the stock of the corporation. Shareholders need not be disclosed as to corporations whose shares of stock are traded publicly on any national or regional stock exchange.

Name of Corporation:	Name of Corporation:	
Officers:	Officers:	
Address:		
Directors:	Directory of the set	
Address:		
Shareholders:		
Address'	Address:	
(Use additional sheets for more space.)		

3. In the case of a <u>trust</u>, list the name and address of each trustee and the name and address of the beneficiaries of the trust.

Name of Trust:	
Trustees:	Beneficiaries:
Address:	Address:

(Use additional sheets for more space.)

SEMINOLE COUNTY APPLICATION AND AFFIDAVIT

4. For partnerships, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners.

Name of Partnership:	Name of Partnership:	
Principal:	Principal:	
Address:	Address:	
(Use a	additional sheets for more space.)	

5. In the circumstances of a <u>contract for purchase</u>, list the name of each contract vendee, with their names and addresses, the same as required for corporations, trust, or partnerships. In addition, the date of the contract for purchase shall be specified along with any contingency clause relating to the outcome of the consideration of this petition.

Contract Vendee:	Contract Vendee:	
Name:	Name:	
Address:	Address:	
(Use additional sheets for more space.)		

- 6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
- 7. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezone, future land use amendment, special exception, or variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein.

Date		Owner, Agent, Applicant Signature		
STATE OF	FLORIDA			
COUNTY O	F	_		
	affirmed) and subs	cribed before me this	_ day of	_, 200 by
Signature of	Notary Public	Print, Type or Stamp Na	ame of Notary Public	
Personally #	(nown	OR Produced Identification	·······	
Type of Ider	ntification Produced		-	
		For Use by Planning 8	L Development Staff	
	Date:	Application	Number:	