APPLICATION TO THE SEMINOLE COUNTY BOARD OF COMMISSIONERS

FOR: <u>VACATE AND ABANDONMENT OF A PLAT</u>

()	FEE: \$295.00 (Make Check Payable to SEMINOLE COU	NTY)				
1.		APPLICANT NAME: Check if primary contact					
		PHONE NO.:	FAX NO.:				
		ADDRESS:					
2.		LEGAL DESCRIPTION OF AREA TO BE VACATED:					
		PROPERTY ADDRESS:					
		PROPERTY APPRAISER TAX PARCEL I.D. #:					
3.		SPECIFIC REASON FOR REQUEST:					
4.		NAMES OF PETITIONERS / OWNERS:	BRIEF LEGAL DESCRIPTION:				
	OWNER OF:						
			OWNER OF:				
			WNER OF:				
5.		THE FOLLOWING INFORMATION MUST ACCOMPANY EACH APPLICATION FOR THE VACATING OF A PLAT:					
		A. APPLICATION TO VACATE WITH REQUIRED FEE PAYABLE TO SE	MINOLE COUNTY				
		B. PROOF OF PUBLICATION OF NOTICE OF INTENT PUBLISHED TWO					
		 C. CERTIFICATE OF TITLE (INCLUDES STATEMENT OF TAX STATUS D. SKETCH OF DESCRIPTION OR PROPERTY SURVEY: (8-1/2" x 1) 					
		E. LETTERS OF APPROVAL / DISAPPROVAL FROM ALL APPLICABL TV, GAS, WATER, AND SEWER PROVIDERS (NOT REQUIRED IF V	UTILITY COMPANIES - TELEPHONE, ELECTRIC, CABLE				
		() ELECTRIC COMPANY () TELEPHONE COMPANY () CABLE COMPANY	() WATER/SEWER () GAS				
6.	S	SIGNATURE OF APPLICANT(S):					
	S	Signature: Printed	Туреd Name:				
	S	Signature: Printed	Typed Name:				
	S	Signature: Printed	Tvped Name:				

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 SEVICES RENDERED.

SEMINOLE COUNTY APPLICATION & AFFIDAVIT

Ownership Disclosure Form

	ase provide the information as requested below in	
1.	List all <u>natural persons</u> who have an ownership in name and address.	nterest in the property, which is the subject matter of this petition, b
	Name:	Name:
	Address:	
	Phone #:	- P
	Name:	Name:
	Address:	
	Phone #:	Phone #:
	(Use add	itional sheets for more space.)
2.	to discrete of the corneration and the name at	s, and title of each officer of the corporation, the name and address of
۷.	each director of the corporation, and the name at the corporation. Shareholders need not be discl- any national or regional stock exchange.	nd address of each shareholder who owns 2% or more of the stock osed as to corporations whose shares of stock are traded publicly o
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SEMINOLE COUNTY APPLICATION AND AFFIDAVIT

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	legally authorized to ex	t, special exception, or va	o make mandated disclosures is grounds for the subject rezone triance involved with this Application to become void. I certify the disclosures herein.
Date		_	Owner, Agent, Applicant Signature
CTATE	OF FLORIDA		
	Y OF		
COOM	1 01	-	
Sworn to	o (or affirmed) and subs	cribed before me this	day of, 200 by
Signatui	e of Notary Public	Print, Type or Stamp	Name of Notary Public
Persona	iliv Known	OR Produced Identification	fion
	•		
	p		
		For Use by Plannin	g & Development Staff
	Date:	Applicati	on Number:

Form # Date