

**APPLICATION  
TO THE  
SEMINOLE COUNTY BOARD OF COMMISSIONERS**

FOR: VACATE AND ABANDONMENT OF A UTILITY EASEMENT  
 ( ) FEE: \$250.00  
 (Make Check Payable to SEMINOLE COUNTY)

1. APPLICANT NAME:  **Check if primary contact.** \_\_\_\_\_  
 Address: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. OWNER NAME: \_\_\_\_\_  
 Address: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

3. **LEGAL DESCRIPTION OF EASEMENT AREA TO BE VACATED AS PROVIDED BY A SURVEYOR**

- ANY ERRORS IN THE LEGAL DESCRIPTION MAY RESULT IN AN UNTIMELY DELAY IN THE PROCESSING OF THIS REQUEST.
- **PLEASE PROVIDE IN A DIGITAL FORMAT WITH THIS APPLICATION OR ARRANGE TO EMAIL PROJECT MANAGER.**
- GASB 34 IS A FEDERAL REGULATION REQUIRING THE TRACKING OF EASEMENTS. IN RESPONSE TO THIS 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.: \_\_\_\_\_  
 SUBDIVISION NAME: \_\_\_\_\_ LOT: \_\_\_\_\_  
 BLOCK: \_\_\_\_\_ PLAT BOOK: \_\_\_\_\_ PAGE: \_\_\_\_\_  
 GENERAL LOCATION: \_\_\_\_\_

5. **SPECIFIC REASON FOR REQUEST:** \_\_\_\_\_

6. **NAME OF ADDITIONAL CO-APPLICANTS (IF ANY) ASSOCIATED WITH VACATE:**

\_\_\_\_\_  
 OWNER OF: \_\_\_\_\_  
 \_\_\_\_\_  
 OWNER OF: \_\_\_\_\_

7. **THE FOLLOWING INFORMATION MUST ACCOMPANY EACH APPLICATION FOR THE VACATING OF A UTILITY EASEMENT:**

- 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 OVERALL PARCEL, DRAWN TO SCALE ON AN 8-1/2" X 14" SHEET, SUITABLE FOR RECORDING IN THE PUBLIC RECORDS.
- C. LETTERS OF APPROVAL / DISAPPROVAL FROM ALL APPLICABLE UTILITY COMPANIES

( ) ELECTRIC COMPANY ( ) WATER / SEWER  
 ( ) TELEPHONE COMPANY ( ) GAS  
 ( ) CABLE COMPANY

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 AFTER IT HAS BEEN SUBMITTED, SEMINOLE COUNTY WILL ASSESS THE REFUND AMOUNT BASED ON THE VALUE OF THE SERVICES RENDERED.**

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**Ownership Disclosure Form**

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

1. List all natural persons 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 #: _____	Phone #: _____

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

(Use additional sheets for more space.)

2. For each corporate owner, 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: _____	Address: _____
Directors: _____	Directors: _____
Address: _____	Address: _____
Shareholders: _____	Shareholders: _____
Address: _____	Address: _____

(Use additional sheets for more space.)

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

Name of Trust: _____	Beneficiaries: _____
Trustees: _____	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 additional sheets for more space.)

5. In the circumstances of a contract for purchase, 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
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STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ by \_\_\_\_\_  
\_\_\_\_\_.

_____ Signature of Notary Public	_____ Print, Type or Stamp Name of Notary Public
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Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

**For Use by Planning & Development Staff**

Date: \_\_\_\_\_ Application Number: \_\_\_\_\_