

SEMINOLE COUNTY PLANNING & DEVELOPMENT DIVISION 1101 EAST FIRST STREET, SANFORD, FLORIDA 32771 (407) 665-7371 EPLANDESK@SEMINOLECOUNTYFL.GOV

www.seminolecountyfl.gov

VACATE

PROCESS

Once the Vacate application has been submitted and the payment has been received, it will be assigned a project number. The project will be added into ePlan (our electronic plan review portal). A "do not reply" email will be sent with log in information as well as the "upload" task to be completed in the system. Refer to the ePlan User Guide for more detailed information. After the upload and task is completed by the applicant/consultant, the project will be routed out to various departments within the County for review. The Project Manager and other applicable departments will review the project and provide comments. If corrections are needed, they will need to be done at this time.

The amount of time required for processing a vacate depends on the type of request, timely submittal of required documents, and scheduling of the public hearing with respect to established scheduling procedures. That time may vary depending on the information received and the completeness of your application.

PLEASE NOTE THAT IF THERE ARE ANY ERRORS IN THE LEGAL DESCRIPTION OF THE ITEM TO BE RELEASED, THIS APPLICATION CANNOT BE ACCEPTED BY THIS OFFICE FOR PROCESSING.

If the request is approved by the Board of County Commissioners, the Planning & Development Division will submit to the Clerk of the Circuit Court the proof of advertisements, along with the Resolution adopted by the Board and any associated documents for recording in the public records. After such recording, the Planning & Development Division will mail the applicant a certified copy of the Resolution, thereby completing the release of vacate process.

DELIVERY METHODS

Completed forms and all the above required attachments may be sent via:

- E-mail: Eplandesk@seminolecountyfl.gov
- Hand delivery: Seminole County Planning & Development Division, West Wing, 2nd floor, Room 2028, 1101 East First Street, Sanford, Florida 32771
- Mail: Seminole County Planning & Development Division, 1101 East First Street, Sanford, Florida 32771

REQUIRED ATTACHMENTS
INTAKE SUBMITTAL
☐ Application
☐ Application fee
☐ Ownership Disclosure form (Add'l documentation required if the property owner is a trust or corporation)
☐ Owner Authorization Form (Required if the applicant and/or consultant is not the property owner)
E-PLAN UPLOAD
☐ Sketch and legal description of area to be vacated in 8.5" x 11" or 8.5" x 14" labeled as "Exhibit A"
CONSERVATION EASEMENTS (PLEASE NOTE THESE CAN ONLY BE VACATED IN VERY LIMITED CIRCUMSTANCES)
☐ Statement of tax status reflecting all taxes have been paid
☐ Proof of ownership of the property
☐ Document creating the conservation easement with official recording information shown
☐ Depiction of proposed development to be located upon the easement area
☐ Description of proposed clearing, if any
☐ Statement addressing the following: 1. Detail specific reason for the request; 2. Historical background of the property including a statement detailing the development process that resulted in the County obtaining the easement; 3. Detail the owner's development plan; 4. Describe the stormwater system, soils report, flood zone, number of proposed basins and whether or not there is a legal positive outfall; 5. Statement addressing the merits of the application; and 6 Detailed statement addressing how the release of the Conservation Easement would not be adverse to the public interest.
UTILITY EASEMENT AND ALL OTHER EASEMENT COMBINATIONS
☐ Statement of tax status reflecting all taxes have been paid
☐ Letters of review from all utility companies (electric, telephone, cable, water, sewer, and gas)
☐ Proof of publication of notice of intent published in 2 weekly issues of a newspaper or general circulation per Florida Statute 177.101 (the ad is published <u>after</u> application submittal – your Project Manager will provide information on the hearing date to be published in the ad). Applicant is responsible for associated fees.
DRAINAGE EASEMENT
☐ Statement of tax status reflecting all taxes have been paid
□ Proof of publication of notice of intent published in 2 weekly issues of a newspaper or general circulation per Florida Statute 177.101 (the ad is published <u>after</u> application submittal – your Project Manager will provide information on the hearing date to be published in the ad). Applicant is responsible for associated fees.
PLAT
☐ Statement of tax status reflecting all taxes have been paid
☐ Letters of review from all utility companies (electric, telephone, cable, water, sewer, and gas)
☐ Certificate of Title
□ Proof of publication of notice of intent published in 2 weekly issues of a newspaper or general circulation per Florida Statute 177.101 (the ad is published <u>after</u> application submittal – your Project Manager will provide information on the hearing date to be published in the ad). Applicant is responsible for associated fees.
RIGHT OF WAY
☐ Letters of review from all utility companies (electric, telephone, cable, water, sewer, and gas)
OTHER EASEMENT
☐ Document of equal dignity (Please also provide to your Project Manager via email)
□ Proof of publication of notice of intent published in 2 weekly issues of a newspaper or general circulation per Florida Statute 177.101 (the ad is published <u>after</u> application submittal – your Project Manager will provide information on the hearing date to be published in the ad). Applicant is responsible for associated fees.



SEMINOLE COUNTY PROJ. #: _______
PLANNING & DEVELOPMENT DIVISION
1101 EAST FIRST STREET, ROOM 2028
SANFORD, FLORIDA 32771
(407) 665-7371 EPLANDESK@SEMINOLECOUNTYFL.GOV

PETITION FOR VACATE

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

APPLICATION TYPES/FEES			
☐ CONSERVATION EASEMENT	\$1,500.00		
UTILITY EASEMENT	\$500.00 (NOT INCLUDING ADVERTISING AND RECORDING FEES)		
☐ DRAINAGE EASEMENT	\$500.00 (NOT INCLUDING ADVERTISING AND RECORDING FEES)		
☐ PLAT	\$750.00 (NOT INCLUDING ADVERTISING AND RECORDING FEES)		
☐ RIGHT-OF-WAY	\$1,500.00		
☐ OTHER EASEMENT	\$750.00 (NOT INCLUDING ADVERTISING AND RECORDING FEES)		
PROJECT			
PARCEL ID #(S):			
LOCATION OF VACATE REQUEST:			
REASON FOR REQUEST:			
ZONING: FUTURE LAND USE:	TOTAL ACREAGE: BCC DISTRICT:		
WATER PROVIDER:	SEWER PROVIDER:		
ELECTRIC PROVIDER:	TELEPHONE PROVIDER:		
CABLE PROVIDER:	GAS PROVIDER:		
APPLICANT	EPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE		
NAME:	COMPANY:		
ADDRESS:			
CITY:	STATE: ZIP:		
PHONE:	EMAIL:		

CONSULTANT	EPLAN PRIVILEGES:	VIEW ONLY UPLOAD NONE
NAME:	COMPANY:	
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
OWNER(S)	(INCLUDE NOTARIZE	D OWNER'S AUTHORIZATION FORM)
NAME(S):		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
ADDITIONAL OWNER(S)	(INCLUDE NOTARIZEI	D OWNER'S AUTHORIZATION FORM)
NAME(S):		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
of my knowledge, and understand that dereversal of the application and/or revocation. I hereby authorize County staff to enter uporand reviewing this request. I also hereby agat a location(s) to be determined by County. I further acknowledge that Seminole Condevelopment approvals, and that it may	liberate misrepresentation of sun of any approval based upon the on the subject property at any regree to place a public notice significant. Staff. Staff. Staff any character of the my sole obligation to defend any character of the my sole obligation to defend the property. Submission of the subject property.	n this application is true and correct to the best uch information may be grounds for denial or is application. asonable time for the purposes of investigating (placard), if required, on the subject propert allenge to my proposed Vacate and related and any and all actions and approvals, which his form initiates a process and does not implicated.
I hereby represent that I have the lawful righ	nt and authority to file this applic	cation.
SIGNATURE OF OWNER/AUTHORIZED AGE (PROOF OF PROPERTY OWNER'S AUTHORIZED)		DATE

SUBMITTAL IF SIGNED BY SOMEONE OTHER THAN THE PROPERTY OWNER)

OWNER AUTHORIZATION FORM

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchase (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I,		, the owner of record	for the following described		
property [Parcel ID Number(s)]			hereby designates		
	t	o act as my authorized agent t	for the filing of the attached		
application(s) for:					
☐ Alcohol License	☐ Arbor Permit	☐ Construction Revision	☐ Final Engineering		
☐ Final Plat	☐ Future Land Use Amendment	☐ Lot Split/Reconfiguration	☐ Minor Plat		
☐ Preliminary Subdivision Plan	Rezone	☐ Site Plan	☐ Special Event		
☐ Special Exception	☐ Temporary Use Permit	□ Vacate	□ Variance		
OTHER:					
and make binding statements ar	nd commitments regarding the s	request(s) I certify that I ha	ave examined the attached		
application(s) and that all statements					
	•		•		
understand that this application, a	ittachments, and fees become part	of the Official Records of Se	minole County, Florida and		
are not returnable.					
Date		Property Owner's Signature			
	- I	Property Owner's Printed Name			
		Troporty Owner 31 linear Name			
STATE OF FLORIDA					
COUNTY OF					
SWORN TO AND SU	JBSCRIBED before me, an of	ficer duly authorized in the	e State of Florida to take		
acknowledgements, appeared			(property owner),		
☐ by means of physical presence	or \square online notarization; and \square	who is personally known to	me or □ who has produced		
	as identific	ation, and who executed the	foregoing instrument and		
sworn an oath on this	day of		·		
	-				
	N	Notary Public			

SEMINOLE COUNTY APPLICATION & AFFIDAVIT

Ownership Disclosure Form

☐ Individual	□ Corporation	☐ Land Trust		
☐ Limited Liability Company	☐ Partnership	☐ Other (describe):		
List all <u>natural persons</u> who address.	o have an ownership interest in th	e property, which is the subject matter	of this petition, by name and	
NAME	ADI	DRESS	PHONE NUMBER	
	(Lise additional si	neets for more space)		
		o percent (2%) or more of the stock of icly on any national stock exchange.	I Topo and in Ondionologic	
NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST	
NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST	
NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST	
NAME			% OF INTEREST	
 In the case of a <u>trust</u>, list the 	(Use additional sleen name and address of each trust beneficiary. If any trustee or bove:	neets for more space) see and the name and address of the beneficiary of a trust is a corporation, pla	eneficiaries of the trust and the	
3. In the case of a <u>trust</u> , list the percentage of interest of eac required in paragraph 2 abov Trust Name:	(Use additional sleename and address of each trust ch beneficiary. If any trustee or bove:	neets for more space) ee and the name and address of the b eneficiary of a trust is a corporation, ple	eneficiaries of the trust and the ease provide the information	
3. In the case of a <u>trust</u> , list the percentage of interest of eac required in paragraph 2 above.	(Use additional sleename and address of each trust ch beneficiary. If any trustee or bove:	neets for more space) see and the name and address of the beneficiary of a trust is a corporation, pla	eneficiaries of the trust and the	
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(Use additional sheets for more space)

ADDRESS

% OF INTEREST

NAME

5.	For each <u>limited liability company</u> , list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.					
	Name of LLC:					
	NAME	TITLE		ADDRESS	% OF INTEREST	
		(Use addition	 onal sheets for mor	e space)		
6.	In the circumstances of a contract corporation, trust, partnership, or L Name of Purchaser:	LC, provide the infor	mation required for	those entities in paragraphs 2, 3	f the purchaser is a 3, 4 and/or 5 above.	
	Name of Furchaser.	T				
	NAME		ADDRE	SS	% OF INTEREST	
		(1 100 0 44);				
	Date of Contract:	•	onal sheets for mor			
	Specify any contingency clause					
7.	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.					
8.						
Date Owner, Agent, Applicant Signature						
	TATE OF FLORIDA DUNTY OF SEMINOLE					
Sw	orn to and subscribed before me	e by means of \Box p	hysical presence	or \square online notarization, this	s day of	
	, 20	, by		, who is \square personal	ly known to me, or	
	has produced	as ider	ntification.			
				Signature of Notary Public		
				Print, Type or Stamp Nam	e of Notary Public	