



Easement Vacation
Application

Community Services Department
Planning and Zoning Division
65 Stone Street
Cocoa, Florida 32922

Phone: (321) 433-8535
Fax: (321) 433-8543
Web: <http://www.cocoafl.org>

GENERAL INSTRUCTIONS: This application must be completed and submitted to the Planning & Zoning Department along with the required fee and additional information necessary to be considered by the Technical Review staff.

For Office Use Only - Date Received

Stamp Only When Application is Fully Complete

Please TYPE or PRINT this application neatly.

1. Applicant Information:

Company (if applicable): _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Mobile #: _____ E-mail: _____

2. Applicant's request:

Brief description of easement to be vacated: _____

Detailed reason for easement vacation: _____

Type of easement to be vacated: _____

3. Please submit the following items in order complete the application:

- a. **Easement Vacation Application.**
- b. **Application fee.** The fee is \$ _____. Please make checks payable to the 'City of Cocoa' and submit payment **ONLY** to the Community Services Department. Public mail notice and legal advertising fees must also be paid a few weeks after application submittal.
- c. **Proof of ownership.** A copy of the most recent recorded warranty deeds of the abutting properties is required.
- d. **Letter of authorization.** If the applicant is not the property owner, a notarized letter of authorization or agent affidavit is required, unless the applicant is the owner'. Each property owner must complete a separate authorization form or other suitable documentation to allow the agent to act upon his/her behalf. A "Letter of Authorization" form is available from the City.
- e. **Corporate documents.** If the applicant/owner is representing a company, articles of incorporation that show the applicant/owner is authorized to represent the company is required.
- f. **Certified boundary survey.** Submit a certified survey showing all areas proposed to be vacated.
- g. **Legal description.** General description of easement to be vacated. A survey shall be submitted which depicts existing or proposed encroachment.
- h. shall be submitted which depicts existing or proposed encroachment.
- i. **Easement Vacation Petition:** Must be signed by the owner and notarized.
- j. **Explanation:** Detailed reason for request of vacation of easement.
- k. **Utility company letters:** Identification of potentially affected utilities, including but not limited to telephone, electric, cable TV, gas, water reuse, water, sewer, and county drainage. In those cases where an easement is in use by a utility company, a letter from the utility company having jurisdiction must be submitted, which states that they have no objection to the vacation.

Application filing procedure. This application, together with all required exhibits and attachments, shall be completed and filed with the Planning and Zoning Division prior to scheduling the resolution before City Council.

4. SIGNATURES AND NOTARIZATION.

STATE OF _____ COUNTY OF _____. I, _____
being first duly sworn, depose and say that:

- I am the owner of the subject property, or if corporation, I am the officer of the corporation authorized to act on this request.
- I am the legal representative of the owner of the subject property of this application and a notarized Letter of Authorization form or agent affidavit accompanies this application giving written consent by all property owners of the subject property, unless the applicant is the Attorney representing the owner.

I hereby certify that I have read, completed and understand this application, and understand that if my application and all associated attachments are not complete and accurate in all respects, the application will not be scheduled for a public hearing. I further understand that this application must be complete and accurate prior to the advertising of a public hearing.

(APPLICANT SIGNATURE)
Notary Public)
Personally Known OR Produced Identification

(Print, Type, or Stamp Commissioned Name of

Type of I.D. Produced _____

(NOTARY PUBLIC SIGNATURE)

STATE OF FLORIDA, COUNTY OF BREVARD

Sworn and subscribed to before me this _____ day of _____, 20 _____

FOR OFFICE USE ONLY	
Fee of \$ _____ in cash <input type="checkbox"/> or check <input type="checkbox"/> (No. _____) payable to the "City of Cocoa".	
Receipt Number: _____	Signature from Planning & Zoning Division: _____
Date: _____	



EASEMENT VACATION PETITION

Come now, _____,

Petitioner(s), and say that they are the present owners of the legal title to all of the lands abutting and adjoining the following named public, drainage and/or utility easement shown and delineated on the Plat of _____, of Section _____, Township _____, Range _____, Cocoa, Florida, as filed and recorded in the office of the Clerk of the Circuit Court of Cocoa, Florida, Plat Book _____. Page(s) _____, particularly described as follows, to wit:

and Petitioner(s) hereby petition the City of Cocoa, Florida, to vacate, abandon and discontinue as public, drainage and/or utility easements and to renounce and disclaim any and all right and title of the City of Cocoa, a political subdivision of the State of Florida, and the public in and to said public, drainage and/or utility easements, and/or portions of said public, drainage and/or utility easements, all of which lie outside the corporate limits of any municipality in Cocoa, Florida, and the closing of which will not deprive any person or persons of a reasonable means of ingress and egress to his premises from at least one County, State, or Federal Highway.

WITNESSES:

PETITIONERS:

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

STATE OF FLORIDA
COUNTY OF

Sworn to (or affirmed) and subscribed before me this _____ day of _____,
20____, by _____.

(Name of Person Making Statement)

Signature

Name of Notary typed, printed or stamped

Personally, Known _____ **or** Produced Identification

Type of Identification Produced:

From:

To:

Date: _____

Owner's Name: _____

I am processing a request for an easement vacation contained in the documents enclosed with this form. Please respond within ten working days from the date shown above.

Easement to be vacated:

The vacation of this easement will _____ will not _____ affect the operations or services of this utility. If it will, please state reasons:

Authorized
Signature:

Telephone
Number:

Utility Name:

Date:
