

Right-Of-Way Vacating Application

City of Tampa
Land Development Coordination
1400 North Boulevard, 2S
Tampa, FL 33607
(813) 274-3100
(813) 259-1799 fax



OFFICE USE ONLY:

Application Number: _____

Date Rec'd: _____

Atlas Page: _____

Tentative PH Date & Time: _____

Receipt # /Amount Paid: _____

Other Applications on File: _____

EXHIBIT A

APPLICANT'S INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

email address: _____

For multiple applicants attach additional signature sheet for each additional applicant.

REASON FOR REQUEST TO VACATE RIGHT-OF-WAY

Recital: The applicant(s) herein named hereby waive, renounce, relinquish, absolve and discharge the city from any claim for damages of any nature and kind whatsoever that such applicant(s) may have or claim or demand, now or in the future, by reason of the vacating, closing, discontinuing and abandoning of the public street, road, alleyway, place or highway or any part or portion thereof.

PLEASE COMPLETE IF APPLICABLE

I, APPLICANT, HEREBY DIRECT THAT ALL OFFICIAL CORRESPONDENCE BE SENT TO:

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

email address: _____

ATTACHMENTS

1. *List of owner's names and addresses and the legal description of all abutting property, as reflected by the latest ad valorem tax records.*
2. *Drawing or blueprint of the subdivision in which the right-of-way requested to be vacated is located.*

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OFFICE USE ONLY:

Application Number: _____

Vacating Area (square feet): _____

Number of Signs Issued: _____ Date Issued: _____

City Council District _____

Overlay District _____

Local Historic District _____

EXHIBIT A-1

LEGAL DESCRIPTION OF RIGHT-OF-WAY TO BE VACATED:

MUST BE TYPED:(use separate sheet if needed)

VICINITY:

(Surrounding Rights-of-Way; Or General Location)

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EXHIBIT C

Parcel Address Used (List all):

PARTICIPATING ORGANIZATION(S) TO BE NOTIFIED **(ATTACH ADDITIONAL SHEET IF NEEDED)**

****Participating Organization Names per http://www.tampagov.net/Zoning_Notice_WebApp/FolioSearch.aspx
(Applicant's Responsibility to obtain and provide)****

Contact's Name: _____
Organization Name: _____
Address: _____ City: _____ State: _____ ZIP Code: _____
email address: _____

Contact's Name: _____
Organization Name: _____
Address: _____ City: _____ State: _____ ZIP Code: _____
email address: _____

Contact's Name: _____
Organization Name: _____
Address: _____ City: _____ State: _____ ZIP Code: _____
email address: _____

I, THE UNDERSIGNED APPLICANT, HEREBY CERTIFY THAT ALL INFORMATION HEREIN IS TRUE AND COMPLETE.

Signature (applicant): _____
(Print): _____

Sworn to and subscribed on this date:
Identification or personally known: _____
Notary Signature: _____
Commission Expiration (Stamp or date): _____

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Today's Date : _____

Application Number: _____

GOOD NEIGHBOR NOTICE FOR PARTICIPATING ORGANIZATIONS/ NOTICE TO ABUTTING OWNERS

EXHIBIT D

VACATING PUBLIC HEARING

Nature of Request (proposed vacating):

ADDRESS & LOCATION OF VACATING REQUEST:

Public Hearing Date : _____ Public Hearing Time : _____

Dear Abutting Property Owner or Participating Organization:

Please be advised that the Tampa City Council will hold a public hearing on the date and time noted above regarding the above described right-of-way vacating application.

***The hearing will be held in:
City Council Chambers, 3rd Floor, Old City Hall
315 East Kennedy Boulevard (Downtown Tampa)***

All interested parties and citizens may appear and be heard as to any and all matters pertinent to this subject special use application. To check the status of the public hearing regarding postponement or cancellation, please contact the City Clerk's office at (813) 274-8396 a minimum of two (2) days prior to the public hearing date.

For those with internet access, the City Council agendas are found at http://www.tampagov.net/dept_City_Council/agenda_links.asp

In accordance with the Americans with Disabilities Act and Section 286.26 Florida Statutes, persons with disabilities needing special accommodations to participate in this meeting should contact the City Clerk's office at least forty-eight (48) hours in advance of the meeting.

If you have any questions regarding this application, you can reach me at the following number _____, or by email to _____

Sincerely,

Owner or Authorized Agent (Check one)

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AFFIDAVIT OF COMPLIANCE

EXHIBIT E

BEFORE ME, THE UNDERSIGNED AUTHORITY, this date personally appeared

_____, **hereinafter "Affiant", whom being by me first duly sworn**

deposes and says:

(check one box)

1. That attached is a copy of the postmarked Certificate of Mailing receipt for notice (s) to the owner of every parcel of land abutting on the public street, road, alleyway, place or highway or any part or portion thereof application to be vacated, which notice (s) were mailed on:

Date Mailed: _____

THE APPLICANT IS THE **SOLE** OWNER OF ALL PROPERTY ABUTTING THE PROPOSED AREA TO BE VACATED, AND:

2. That attached is a copy of the notice mailed (Exhibit C) to participating organizations as defined by City Code, and that notice(s) (was/were) mailed on

Date Mailed: _____

3. That the Original List (property owners with addresses & legal descriptions) and Parcel Notice Map, all as generated by the Hills. Co. Property Appraiser, and list of participating organization(s) is attached and made a part of this Affidavit.

4. That the affiant posted the requisite sign(s) on (date): _____, and that two (2) photographs showing the placement of and language on the "notification sign(s)" be made a part of this Affidavit.

Signature (Property Owner)

Signature (Property Owner)

Signature (Property Owner)

Sworn to and subscribed on this date: (Enter date here): _____

Identification or personally known: _____

Notary Signature: _____

Commission Expiration (Stamp or date): _____

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AFFIDAVIT TO AUTHORIZE AGENT

**State of Florida
County of Hillsborough
City of Tampa**

EXHIBIT F

I/We, being of legal age, first duly sworn, depose(s) and say(s):

1. That (I am/we are) the owner(s) (hereinafter "Owner") and record title holder(s) of the following described property (provide address or general location):

2. That the property, described as follows, constitutes the property for which a application for vacation is submitted (provide general location or legal description):

3. That the undersigned does hereby appoint the following agent(s) stated herein as his(their) agent(s) to execute any application(s) or other documentation necessary to affect such vacation application:

Name: _____
Address: _____ Phone: _____
Fax: _____ Email: _____

4. That this affidavit has been executed to induce the City of Tampa, Florida, to consider and act on the above referenced application to vacate right-of-way.

5. That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.

Signature (Property Owner)

Signature (Property Owner)

Signature (Property Owner)

Sworn to and subscribed on this date: *(Enter date here):* _____

Identification or personally known: _____

Notary Signature: _____

Commission Expiration (Stamp or date): _____

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APPLICANT'S INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

email address: _____

I, THE UNDERSIGNED APPLICANT, HEREBY CERTIFY THAT ALL INFORMATION HEREIN IS TRUE AND COMPLETE.

Signature (applicant): _____

(Print): _____

Sworn to and subscribed on this date:

Identification or personally known: _____

Notary Signature: _____

Commission Expiration (Stamp or date): _____

APPLICANT'S INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

email address: _____

I, THE UNDERSIGNED APPLICANT, HEREBY CERTIFY THAT ALL INFORMATION HEREIN IS TRUE AND COMPLETE.

Signature (applicant): _____

(Print): _____

Sworn to and subscribed on this date:

Identification or personally known: _____

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