



City of Minneola
Planning Department
800 N Highway 27, Minneola, FL 34715
(352) 394 – 3598 x172

Plat Vacation Application

PETITION TO VACATE _____ PETITION NO.: _____

TO: City of Minneola,
County of Lake, Florida

We, the undersigned, being owners of the properties adjoining and abutting the unnamed right of way hereinafter described, respectfully request and petition the City of Minneola to renounce, quit claim, and disclaim any right of the _____ or the public in and to the following described _____ to wit:

Legal Description: (Use additional paper if necessary)

and in support of said petition, petitioners respectfully show:

1. That said _____ is/are not included within any incorporated municipality of the State of Florida.
2. That said _____ is/are not part of any county, state, or federal highway.
3. That said _____ has/have never been open for public use and is unimproved, and portions thereof have growth showing that it has not been used and is more or less impassable.

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City of Minneola
Plat Vacation Application Cont.

4. That the vacating of said _____, above described, will not interfere with any road system and will not deprive any person or persons owning property near or adjacent thereto of reasonable means of ingress and egress to any existing public highways.
5. That petitioners are the owners of properties abutting said _____ and wish to vacate said _____ for the following reasons: _____. Nearest town _____.

WHEREFORE, petitioners pray that this petition for vacating _____ be accepted and filed, and that a proper resolution be prepared authorizing the publication of notice of hearing of said petition at a meeting to be determined by the City of Minneola in Lake County, Florida, and after hearing, that the _____ be vacated. I agree to pay any costs attached to this application.

* I confirm that I have read and understand the submittal requirement attached hereto.

Respectfully submitted this _____ day of _____, 20_____.

Name: _____	E-mail: _____
Street: _____	City: _____ State: _____ Zip: _____
Phone #: _____	
Signature _____	

Name: _____	E-mail: _____
Street: _____	City: _____ State: _____ Zip: _____
Phone #: _____	
Signature _____	

Name: _____	E-mail: _____
Street: _____	City: _____ State: _____ Zip: _____
Phone #: _____	
Signature _____	

Name: _____	E-mail: _____
Street: _____	City: _____ State: _____ Zip: _____
Phone #: _____	
Signature _____	

Name: _____	E-mail: _____
Street: _____	City: _____ State: _____ Zip: _____
Phone #: _____	
Signature _____	

Please provide the name and address of any Homeowner Associations.

City of Minneola
Plat Vacation Application Cont.

Adjacent Property Owners

Type a list of owner's names and mailing addresses for all property owners lying within 300 ft. of all sides of the property described in the attached application, as recorded in the current County tax rolls, or attach copies of the appropriate property record card.

Alternate Key #	Property Owner	Address, include Zip Code

Use additional pages as necessary.



City of
Minneola
FLORIDA

City of Minneola

800 N. US Hwy 27

Minneola, FL 34715

(352) 394-3598

Waiver / Disclaimer and Condition Pursuant to Chapter 166.033, Florida Statutes

Applicant: _____

Authorized Representative*: _____

Application Number: _____

Application Request: _____

I, _____ (Print Applicant / Authorized Representative*

name), on behalf of _____ (Applicant) hereby waive the deadlines and/or procedural requirements of Florida Statute Section 166.033 as the provisions of said statute apply to the above referenced application, including, but not limited to:

- 30-day Staff review of Applicant's application and/or response to Request for Additional Information
- 30-day requirement for Applicant's response to City's Request for Additional information
- The limitation of three (3) requests by the City of Minneola for additional information.
- Requirement of Final Determination on Applicant's application approving, denying, or approving with conditions within 120 or 180 days of the determination of incompleteness, as applicable.

I further acknowledge that the City offers weekly development review meetings on Thursdays for me to discuss any comments I received based on my submittal. It is my responsibility to request and schedule a meeting with the City if I have any questions.

Signature of Applicant or Authorized Representative*

Date

*Agent Authorization Form required.