



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.

POST OFFICE BOX 678, MINNEOLA, FLORIDA 34755 ♦ (352) 394-3598 ♦ FAX (352) 394-7201

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

Respectfully submitted this _____ day of _____, 2014.

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.

