



Gateway to Nature & Space



## APPLICATION FOR RIGHT-OF-WAY (ROW) / EASEMENT VACATION

Please submit electronically a completed application including required submittals to the Planning Department for payment and meeting scheduling. Chapter 17, Article II, Section 17-33 of the Titusville Code of Ordinances contains the instructions for filing and the required exhibits. INCOMPLETE APPLICATIONS SHALL NOT BE ACCEPTED.

|   |   |   |   |
|---|---|---|---|
| <b>1. Project Information</b>                     | Property Address/Location Description   |   |   |
| <b>2. Type of Request</b>                         | Right-of-Way (ROW)  |   | Easement (EAS)                                |
| <b>2. Applicant/ Owner</b>                        | Name of Applicant/Contact   |   | Name of Owner                                 |
|   | Street Address  |   | Street Address                                |
|   | City  | State   | Zip   |
|   | Telephone #   |   | Telephone #                                   |
|   | Fax #   |   | Fax #   |
|   | E-Mail Address  |   | E-Mail Address                                |
| <b>3. Applicant Status</b>                        | <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Agent <input type="checkbox"/> Other  |   |   |
| <b>4. Parcel ID</b>                               |   | <b>Tax Acct.</b>                              |   |
| <b>5. Site Size</b><br>(Attach Legal Description) | Acres: _____ Square Feet: _____   |   |   |
| <b>6. Legal Description of ROW to be vacated</b>  | A verified legal description is required before hearings can be scheduled.  |   |   |
| <b>7. Note any previous vacations</b>             |   |   |   |
| <b>15. Check other applications submitted</b>     | Conditional Use <input type="checkbox"/>  | Vacation of Easement <input type="checkbox"/> | Master Plan Approval <input type="checkbox"/> |
|   | Vacation of Right of Way <input type="checkbox"/>   | Site Plan <input type="checkbox"/>            | Subdivision/ Plat <input type="checkbox"/>    |
| <b>16. Narrative</b>                              | Rezoning <input type="checkbox"/><br>Other: _____<br>Please provide a brief description of the request and the proposed project:<br>(Attach separate narrative page if necessary) |   |   |

- **All applications shall require Community Development Staff review prior to submittal.**
- All applications shall be submitted to the Planning Department electronically and officially logged in by **end of business day.**
- Incomplete applications and applications without appropriate backup information/justification will not be accepted and will not be considered to be officially submitted until the appropriate information and fees are submitted. Meeting dates for incomplete applications will not be set until all required information and fees are submitted.
- Petitions requiring review from other boards or commissions prior to being forwarded to the Planning and Zoning Commission (P&Z)/City Council are not guaranteed placement on the originally scheduled date(s).
- All meeting agendas will be posted on the City's web site and staff reports for the request can be obtained by contacting the Planning Department at 321-567-3782.

#### ACKNOWLEDGEMENT

1. I am the owner and/or legal representative of the owner of the property described, which is the subject of this application.
2. All answers to the questions in said application and all surveys and/or site plans and data attached to and made a part of this application are honest and true to the best of my knowledge and belief. By my signature below, I acknowledge that I have complied with all submittal requirements and that this request package is complete. I further understand that an incomplete application submittal may cause my application to be deferred.
3. Should this application be granted, I understand that any condition(s) imposed upon the granting of this request shall be binding to the owner, his heirs, and successors in title to possession of the subject property.
4. I understand that I must attend all applicable meetings and have been informed of the meeting date(s) and time(s). I understand that if I fail to appear at an applicable meeting, the appropriate Board or Commission may either table or deny the request.
5. I understand that my request if approved does not encumber provision of utility, road or other City infrastructure capacity. The analysis provided by staff of existing levels of service for public facilities and services in the vicinity of the parcel identified in this application is a non-binding analysis, and does not guarantee capacity will be available in the future or encumber/reserve capacity for any period of time.

This matter is subject to quasi-judicial rules of procedure. Interested parties should limit contact with the City Council, Board of Adjustment & Appeals, and Planning & Zoning Commission on this topic to properly noticed public hearings or to written communication to the City Clerk's Office, City of Titusville, P.O. Box 2806, Titusville, FL 32781

/s/ \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

*\* By entering your name in the "Signature" box above, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Application. By entering your name in the "Signature" box above, you consent to be legally bound by this Application's terms and conditions.*

**DATE RECEIVED:** \_\_\_\_\_

**ACCEPTED BY:** \_\_\_\_\_



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## **SUBMITTAL CHECKLIST**

(Development Review Procedures Manual Section 4)



Please fill out the following and submit the documents to the Planning Department electronically. Payment of fees does not ensure a favorable decision. Additional information may include documents initially waived at the pre-application meeting but subsequently determined necessary by staff.

|    |  |                          |
|----|--|--------------------------|
| 1. | Complete Application and Fees  | <input type="checkbox"/> |
| 2. | Warranty Deed  | <input type="checkbox"/> |
| 3. | Notarized Owner Authorization Form (If applicable)   | <input type="checkbox"/> |
| 4. | Legal Description (from a certified survey) in Microsoft Word format.  | <input type="checkbox"/> |
| 5. | Certified Survey (sealed and containing permanent reference points as described by Chapter 177, Florida Statutes, with bearings, distances and closures) in electronic PDF format. | <input type="checkbox"/> |
| 6. | Utility Provider Letters:  | <input type="checkbox"/> |
|    | AT&T   | <input type="checkbox"/> |
|    | Florida Power & Light  | <input type="checkbox"/> |
|    | NUI/City Gas Company of Florida  | <input type="checkbox"/> |
|    | Spectrum   | <input type="checkbox"/> |
|    | City of Titusville Water Resources Department  | <input type="checkbox"/> |
| 7. | City of Titusville Public Works Department   | <input type="checkbox"/> |
|    | Pre-Application Meeting Date:  | <input type="checkbox"/> |
|    | Staff in Attendance:   | <input type="checkbox"/> |

| UTILITY PROVIDER   | TELEPHONE NUMBER  |
|--|---|
| <b>AT&amp;T Southeast.</b><br>Jason Kaufman<br>712 Florida Avenue<br>Cocoa, Florida 32922  | 386-795-1703<br>321-636-0233 FAX<br>JK0276@att.com  |
| <b>Florida Power and Light Company</b><br>Joel Beltran<br>9001 Ellis Road<br>West Melbourne, FL 32904  | 321-455-6111<br>321-723-7795<br>Joel.Beltran@fpl.com  |
| <b>Florida City Gas</b><br>Brad Termini<br>4180 South US 1<br>Rockledge, Florida 32955-5309  | 321-213-8254<br>Michael.Termini@NextEraEnergy.com   |
| <b>Spectrum</b><br>Mark Richardson<br>Eric Anderson<br>720 Magnolia Avenue<br>Melbourne, Florida 32935   | 321-757-6457 – Mark Richardson<br>321-757-6452 – Eric Anderson<br><a href="mailto:Mark.Richardson@charter.com">Mark.Richardson@charter.com</a><br>Eric.Anderson@charter.com |
| <b>City of Titusville Water Resources</b><br>Ashleigh Smith<br>City of Titusville<br>P.O. Box 2806<br>Attn: Water Resources Department<br>Titusville, Florida 32781-2806 | 321-567-3859<br>321-383-5653 FAX<br>Ashleigh.Smith@Titusville.com   |
| <b>City of Titusville Public Works Department</b><br>Kevin Cook<br>445 South Washington Avenue<br>P.O. Box 2806<br>Titusville, Florida 32781-2806                        | 321-567-3845<br>321-383-5705 FAX<br>Kevin.Cook@Titusville.com   |