



Community Development Department – Planning Division  
10770 W Oakland Park Boulevard, Sunrise, FL 33351  
P: 954.746.3270 F: 954.746.3287 AskZoning@sunrisefl.gov

## **CHECKLIST FOR PLAT, STREET AND NON-CITY EASEMENT VACATION APPLICATION**

A completed vacation application on a form to be provided by the Community Development Department, together with the following items, are required to initiate the processing of all vacation requests:

1. A filing fee and advertising fee, via check or money order, made payable to the City of Sunrise, is required. All application fees must be paid at the time of submittal in accordance with the City of Sunrise Community Development Department Fee schedule.
2. Application for Vacation (5 copies).
3. A letter of intent describing the reason for the request for vacation (5 copies).
4. A certified copy of the plat sought to be vacated or in the event only a portion of the plat is being vacated, a precise legal description of the real property sought to be vacated, prepared by a licensed engineer or land surveyor. The certified copy must include the exact acreage and square footage of land involved (5 copies).
5. Location sketch, 5 copies (8 1/2" x 14") of plat, street, easement, etc., to be vacated or annulled (5 copies).
6. A waiver of no objection to the proposed vacation by all utility companies authorized to operate in the area (5 copies).
7. Title opinion or title search (name and encumbrance) by a recognized title company, showing the name of the owner of the plat or portion of the plat sought to be vacated, and all owners of property abutting the area sought to be vacated (5 copies).

The City Engineer or his duly authorized designee shall, after reviewing and commenting as to, among other things, the completeness and sufficiency of each application, forward each completed application to the Development Review Committee (DRC), which shall review and comment on each application. All such information shall thereupon be furnished to the City Attorney's Office for approval as to legality.

If the request has been found to be proper and no apparent need has been found for the public use of said platted land, street, alley, canal or easement, or portion thereof, or same has been replatted pursuant to statute, and if the City Commission finds the request to have sufficient merit; the City Commission, after a public hearing, may adopt a resolution vacating or annulling said plat (or street area, canal, easement) and disclaim any right to the City to any land in connection therewith.



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**Application for Vacation of Plat, Street or Non-City Easement**

- 1. Name of Project (Development) \_\_\_\_\_
- Name of Applicant \_\_\_\_\_
- Company Name \_\_\_\_\_
- Company Address \_\_\_\_\_
- Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_
- Email Address \_\_\_\_\_

Contact Person/Agent _____ Company Name _____ Address _____ Telephone No. _____ Cell No. _____ Fax No. _____ Email Address _____ <p style="text-align: center;"><b>(IF AGENT, SUBMIT LETTER OF AUTHORIZATION)</b></p>
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- 2. Name of Property Owner \_\_\_\_\_
- Company Name \_\_\_\_\_
- Company Address \_\_\_\_\_
- Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_
- Email Address \_\_\_\_\_

3. Legal Description of Property Covered by this Application

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4. Address or Location of Subject Property

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5. Folio Number(s) \_\_\_\_\_  
Current Zoning \_\_\_\_\_

6. Size of Property \_\_\_\_\_ Ft. by \_\_\_\_\_ Ft. Acres \_\_\_\_\_

7. Does property owner own contiguous property to the subject property? If so, give complete legal description of entire contiguous property \_\_\_\_\_  
\_\_\_\_\_

<u>For Office Use Only:</u>
Staff Reviewer _____
<input type="checkbox"/> Completed Application (5 copies)
<input type="checkbox"/> Certified copy of easement to be vacated (5 copies)
<input type="checkbox"/> Title opinion or Title search (5 copies)
<input type="checkbox"/> Applicant request letter (5 copies)
<input type="checkbox"/> Precise legal description (5 copies)
<input type="checkbox"/> Application Fee: _____
<input type="checkbox"/> Advertising Fee: _____

**DISCLOSURE OF OWNERSHIP AFFIDAVIT**

All owners, must separately complete this affidavit and list their name, business address and percentage of ownership of any owner of the real property that is the subject matter of this application. All parties who have a financial interest, either directly or indirectly, in the subject real property, including but not limited to, all shareholders, beneficiaries to a trust, partners to any partnership agreement, and members of an investment group involving local participation must provide a separate affidavit.

The undersigned hereby represents that he/she is an owner of the subject property and that the names, addresses, and ownership percentages of each owner are set forth below:

Property Owner Name, Business Address and Ownership Percentage

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Property Address/Legal Description

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

State of Florida

County of Broward

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_(name of person) as \_\_\_\_\_ (type of authority . . . e.g., officer, trustee, attorney in fact) for \_\_\_\_\_(name of corporation/LLC).

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, type or stamp commissioned name of Notary Public

Personally Known \_\_\_ OR Produced Identification \_\_\_

Type of Identification Produced \_\_\_\_\_