



Community Development Department – Engineering Division
10770 West Oakland Park Boulevard, Sunrise, FL 33351
P: 954.746.3270 F: 954.746.3287

VACATION OF CITY EASEMENT PROCEDURES

Submit the following to the Community Development Department, Engineering Division:

- Filing fee via check or money order, made payable to the City of Sunrise. ALL APPLICATION FEES MUST BE PAID AT THE TIME OF SUBMITTAL IN ACCORDANCE WITH THE CITY OF SUNRISE COMMUNITY DEVELOPMENT PLANNING & ENGINEERING DIVISION FEE SCHEDULE. Following is a link to the Fee Schedule on the City of Sunrise website: <https://www.sunrisefl.gov/home/showpublisheddocument/2434/63736046125510000>
- Completed Application for Vacation of Easement and Affidavit. If Applicant is not the owner of the property, also submit completed Agent Authorization or Attorney Affidavit, as applicable.
- Two 8 ½” x 11” signed and sealed sketch and legal descriptions of the easement (or portion thereof) to be vacated.

The sketch shall include labeling of the recorded documents information (OR Book and Page Number or Instrument Number) for the existing easement(s) being affected. It is preferred that the entire existing easement is shown on the sketch with the portion of the easement to be vacated shaded/hatched. When multiple recorded easements exist, clearly distinguish the limits of each.
- Copy of existing recorded easement sketch and legal description which includes the area to be vacated.
- One 8 ½” x 11” location map of entire site showing approximate location of easement to be vacated.

The City Engineer or his/her duly authorized designee will review each application and provide comments as to completeness, sufficiency and other pertinent items. The application package with comments will be forwarded to the Community Development Department Director for approval as to legality. Community Development Department Director will process application through City Commission for approval.



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APPLICATION FOR VACATION OF EASEMENT

APPLICANT INFORMATION:

NAME: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

E-MAIL ADDRESS: _____

SITE INFORMATION:

PROJECT NAME: _____

SITE ADDRESS: _____

FOLIO NUMBER(s): _____

TYPE OF EASEMENT TO BE VACATED: _____

RECORDING INFORMATION FOR EASEMENT TO BE VACATED (Instrument # or
OR Book and Page #) _____

REASON FOR VACATION REQUEST:

ATTACHMENTS (List)

I hereby certify that the information contained in this Application is true and correct.

Signature _____

Date _____

Print Name _____



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AGENT AUTHORIZATION

I, _____, being first duly sworn, depose and say that I am the owner of the Property described herein and which is the subject matter of the attached easement vacation application, do hereby authorize _____, to file this application for the easement vacation on my behalf.

Signature: _____

Print Name: _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20_____, by _____ (name of person acknowledging).

Signature of Notary Public – State of Florida

Print, type or stamp commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced _____



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ATTORNEY AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am an Attorney at Law, licensed to practice in the State of Florida, who represents the Owner of the property described in the attached easement vacation application; that all data and other supplementary matters attached to and made a part of this application are honest and true to the best of my knowledge and belief. I have advised my client that if any material misrepresentation is made regarding this application, either oral or written, it can cause this application to be rejected and any easement vacation may become voided by the City of Sunrise, at its sole option.

Signature: _____

Print Name: _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____ (name of person acknowledging) as _____ (type of authority, e.g. officer, trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).

Signature of Notary Public – State of Florida

Print, type or stamp commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced _____