



City of Stuart
121 SW Flagler Ave.
Stuart, FL 34994
development@ci.stuart.fl.us
(772) 288-5326

Received by: _____

Reviewed by: _____

Right-Of-Way Abandonment Application

Project ID# _____
(Staff Entry)

Pre-App Conference Date:	Application Date:
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SITE INFORMATION

Project Name:	Parcel ID#:
Site Address:	
Subdivision:	Lot(s):
Site Acreage:	Flood Zone/Base Flood Elevation:
Existing Zoning District / CRA Subdistrict (if applicable):	
Current Comprehensive Plan Future Land Use Designation:	

PETITIONER INFORMATION

Property Owner:	Phone Number / Email Address:
Property Owner's Mailing Address:	
Applicant (if not Owner):	Phone Number / Email Address:
Applicant's Mailing Address:	
Agent/Contact Person:	Phone Number / Email Address:
Agent's Mailing Address:	
Architect:	Engineer:
Planner:	Landscape Architect:

Statement of Ownership and Designation of Authorized Agent

(Please Print or Type)

Before me, the undersigned authority, personally appeared _____

Who, being by me first duly sworn, on oath deposed and says:

1. That he/she is the fee simple title owner of the property described in the attached Legal Description.
2. That he/she is requesting approval of a _____ in the City of Stuart, FL.
3. That he/she has appointed _____ to act as an authorized agent on his/her behalf to accomplish the above project.

Name of Owner: _____

Signature of Owner:

By: Name/Title

Street Address

City, State, Zip Code

P.O. Box

City, State, Zip Code

Telephone Number

Fax Number

Email Address:

STATE OF FLORIDA, COUNTY OF _____

Sworn and subscribed before me by means of ___ physical presence or ___ online notarization, this

_____ day of _____, _____ By _____.

Personally Known OR Produced Identification
Type of Identification Produced:

Notary Public

My Commission expires:

Financial Responsibility Form

(Please Print or Type)

The Undersigned, as the Property Owner, Lessee, Contract Purchaser, or Applicant (circle one), acknowledges responsibility for all City expenses associated with the referenced application (s) including time spent by the City's consultants and further acknowledges that payment of consultant fees will be made prior to the receipt of the consultant comments.

Name:
Title:
Company:
Company Address:

City/State/Zip Code:
Telephone Number:
Facsimile Number:
Email Address (optional):

I hereby certify that all information contained herein is true and correct.

1. Signed this _____ day of _____, 20____.

Signature of Property Owner, Lessee, Contract Purchaser or Applicant (circle one)

Application Requirements

Fee: \$799.00 plus 100% of appraised value *(This does not include fees that may be charged as a result of application reviews by the City's consultants or any required recording fees)*

Submittal Requirements: A completed application form, the payment of fees, and pertinent information as determined by the Development Director.

Approving Authority: The Development Director is required to prepare a staff report and recommendation concerning this application for the City Commission public hearing.

Justification: Please provide justification supporting the request for the abandonment, vacation or change of name of any street, alley, road, or public way *(include additional pages if needed):*

(over)