



APPLICATION FOR THE ABANDONMENT, VACATION AND/OR CLOSURE
OF ROAD RIGHT-OF-WAY

Name _____

Address _____

Phone # _____ email _____

(I) or (We) _____, as
Applicant, and _____,

as Co-Applicant, **(IF APPLICABLE)** hereby request that the City Commissioners of the City of
Lynn Haven, Florida, set a public hearing as provided by law and then vacate, abandon and
close the following legally described City Road Right-Of-Way:

Property Location: _____

Legal description of property to be abandoned, vacated, or closed (Required)

_____.

(Continue legal description on a separate sheet, if necessary)

If applicable, please fill in the following:

In exchange for the abandonment, vacation, or closure of the above, the City shall receive the
following property:

Property Location: _____

Legal description of property to be given to the City (Required)

(Continue legal description on a separate sheet, if necessary)

(I) or (We) understand that before a Notice of any public hearing is published in the newspaper (which must be at least two (2) weeks prior to the hearing considering the requested action), the Department of Development and Planning will be provided with the following:

1. A legal description and drawing of the property to be abandoned, closed or vacated, prepared by a certified surveyor, that clearly depicts the property and all abutting properties.
2. A letter from a title company indicating the names of the owners and/or lienholders of the real property abutting the right-of-way, street or easement.
3. A check made payable to the City of Lynn Haven, Florida, in the amount of \$500.00. Such fee is considered appropriate to defray costs of administrative review, legal review, publication of notice(s), recording of documents, and any other administrative expenses incurred in processing this Application.

However, if there is a problem with denying access to adjoining landowners, or, if any other complications arise in connection with this Application, the associated fees may be higher, with such fees being determined by the individual(s) providing the service(s).

(I) or (We) further understand that if the City of Lynn Haven decides to deny this Application, or, if the request is withdrawn by the Applicant(s), **NO** portion of the fee shall be refunded.

IN WITNESS WHEREOF, this Application was executed this _____ day of _____,
_____.

Witness

Signature of Applicant

Witness

STATE OF _____

COUNTY OF _____

The foregoing instrument was executed before me by _____
_____, who is personally known
to me, or, who produced a _____ as
identification, and stated that he/she signed this document for all intents and purposes as
stated herein, on this _____ day of _____, 20 .

Notary Public

IF APPLICABLE:

IN WITNESS WHEREOF, this Application was executed this _____ day of _____,
_____.

Witness

Signature of Co-Applicant

Witness

STATE OF _____

COUNTY OF _____

The foregoing instrument was executed before me by _____
_____, who is personally known
to me, or, who produced a _____ as
identification, and stated that he/she signed this document for all intents and purposes as
stated herein, on this _____ day of _____, 20 .

Notary Public

For internal use by City staff only:

Date Application Received: _____

Internal File Number: _____

Amount of Fee Received: _____