



COLLIER COUNTY GOVERNMENT  
GROWTH MANAGEMENT DEPARTMENT  
[www.colliergov.net](http://www.colliergov.net)

2800 NORTH HORSESHOE DRIVE  
NAPLES, FLORIDA 34104  
(239) 252-2400 FAX: (239) 252-6358

### APPLICATION FOR VACATING

Florida State Statutes Sections 336.09, 336.10, 177.101, 125.01, and 125.37;  
Ordinance No. 01-57;  
Resolution 2013-166; and  
Applicable sections of the Collier County Land Development Code

AVROW- Vacation of Road Right-of-Way Road Name: \_\_\_\_\_

AVPLAT- Vacation of Plats or portions of plats of subdivided land  
Plat Book: \_\_\_\_\_ Page(s): \_\_\_\_\_

AVESMT- The extinguishment of public dedicated easements recorded by separate instrument in the public records (other than on a subdivision plat), platted or unplatted land, except for public roads.  
Official Record Book: \_\_\_\_\_ Page(s): \_\_\_\_\_

PETITION NO (PL)  
PROJECT NAME  
DATE PROCESSED

*For Staff Use*

### APPLICANT CONTACT INFORMATION

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



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**PROPERTY INFORMATION**

Reason for Request: \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Will this affect density? \_\_\_\_\_

**NOTE:**

- 1) If applicant is a land trust, indicate the name of beneficiaries.
- 2) If applicant is a corporation other than a public corporation, indicate the name of the officers and major stockholders.
- 3) If applicant is a partnership, limited partnership or other business entity, indicate the name of the principals.
- 4) List all other owners.



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**SUBMITTAL REQUIREMENTS CHECKLIST**

This completed checklist is to be submitted with the application packet in the exact order listed below, with cover sheets attached to each section. **Incomplete submittals will not be accepted.**

**For further explanation regarding the requirements for the Vacating Application, and the below checklist, refer to Resolution 2013-166.**

REQUIREMENTS FOR REVIEW	# OF COPIES	REQUIRED	NOT REQUIRED
Completed Application ( <b>download current form from County website</b> )	1	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Addressing Checklist</a> signed by Addressing Department	1	<input type="checkbox"/>	<input type="checkbox"/>
CD of complete application and all submittal documents in PDF format	1	<input type="checkbox"/>	<input type="checkbox"/>
Fee Simple Deed	1	<input type="checkbox"/>	<input type="checkbox"/>
Statement explaining the general public benefit received from the proposed vacation	1	<input type="checkbox"/>	<input type="checkbox"/>
Certificate showing all State and County taxes have been paid for subject parcel	1	<input type="checkbox"/>	<input type="checkbox"/>
Assessment map depicting area of proposed vacation	1	<input type="checkbox"/>	<input type="checkbox"/>
List of abutting and other property owners within 250 feet of the proposed vacation including their address, and parcel number	1	<input type="checkbox"/>	<input type="checkbox"/>
Site Plan on 8 ½ in. x 11 in. paper	1	<input type="checkbox"/>	<input type="checkbox"/>
Legal Description, signed with raised seal, of what is to be vacated on 8 ½ in. x 11 in. paper and labeled ( <b>in bold: "Exhibit A"</b> ) – <b>Please submit hard Originals to Client Services</b>	3	<input type="checkbox"/>	<input type="checkbox"/>
Signed with raised seal sketch of the legal description – <b>Please submit hard Originals to Client Services</b>	3	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the recorded subdivision plat, if applicable	1	<input type="checkbox"/>	<input type="checkbox"/>
Letter Authorizing representation, if the applicant isn't the owner	1	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Affidavit of Authorization</a> , signed and sealed	1	<input type="checkbox"/>	<input type="checkbox"/>
Replacement easement documentations, if applicable	3	<input type="checkbox"/>	<input type="checkbox"/>
If replacement easement is required by Collier County, provide a current attorney's Title Opinion or ownership & encumbrance report by a title company	1	<input type="checkbox"/>	<input type="checkbox"/>
A copy of document that granted, conveyed or dedicated the easement to the County or public, for Vacation of Easement only	1	<input type="checkbox"/>	<input type="checkbox"/>
Copy of document which granted, conveyed or dedicated the right-of-way to the county or public, for Vacation of Right-of-Way only	1	<input type="checkbox"/>	<input type="checkbox"/>
Letters of No Objection, from each of the following, as applicable: (addresses may not be current) Electric Company- Florida Power and Light Naples Service Center, 1220 5 <sup>th</sup> Ave North, Naples, FL 34102. (239) 262-1322 Telephone Company- Century Link, Florida: ATTN: Jigs Silang, 3530 Kraft Road, Naples, FL 34105. (239) 263-6234 Collier County Sheriff's Office: ATTN: Sheriff Kevin Rambosk, 3301 East Tamiami Trail, Naples, FL 34112. (239)774-4434. Greater Naples Fire Rescue District: ATTN: Kingman Schuldt, 14575 Collier Blvd. Naples, FL 34119. (239) 348-7540 North Collier Fire Control and Rescue District: ATTN: Fire Prevention Bureau and Support Services, 6495 Taylor Road, Naples, FL 34109. (239) 597-9227 Cable Television- Time Warner: ATTN: Don Roberts, 1418 SE 10 <sup>th</sup> Street, Cape Coral, FL 33990. (239) 574-2020 Cable Television- Comcast: ATTN: Mark Cook, 26100 West Links Drive, Ste 4, Fort Myers, FL 33913. (239) 432-1805. Adjacent Property Owners Homeowners Association	1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



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**FEE REQUIREMENTS**

- Application Fee: \$2,000.00**
- Estimated Legal Advertising Fee (to be paid by the applicant in addition to the application fees at the time of submittal)**
  - **AVROW: \$700.00**
  - **AVPLAT: \$1000.00**
  - **AVESMT: \$1000.00**

*All checks payable to: Board of County Commissioners*

The completed application, all required submittal materials, and fees shall be submitted to:  
Growth Management Department/Development Review Division  
ATTN: Business Center  
2800 North Horseshoe Drive  
Naples, FL 34104

\_\_\_\_\_  
Applicant/Agent Signature

\_\_\_\_\_  
Date



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### AFFIDAVIT OF AUTHORIZATION

FOR PETITION NUMBERS(S) \_\_\_\_\_

I, \_\_\_\_\_ (print name), as \_\_\_\_\_ (title, if applicable) of \_\_\_\_\_ (company, If applicable), swear or affirm under oath, that I am the (choose one) owner \_\_\_ applicant \_\_\_ contract purchaser \_\_\_ and that:

1. I have full authority to secure the approval(s) requested and to impose covenants and restrictions on the referenced property as a result of any action approved by the County in accordance with this application and the Land Development Code;
2. All answers to the questions in this application and any sketches, data or other supplementary matter attached hereto and made a part of this application are honest and true;
3. I have authorized the staff of Collier County to enter upon the property during normal working hours for the purpose of investigating and evaluating the request made through this application; and that
4. The property will be transferred, conveyed, sold or subdivided subject to the conditions and restrictions imposed by the approved action.
5. We/I authorize \_\_\_\_\_ to act as our/my representative in any matters regarding this petition including 1 through 2 above.

*\*Notes:*

- *If the applicant is a corporation, then it is usually executed by the corp. pres. or v. pres.*
- *If the applicant is a Limited Liability Company (L.L.C.) or Limited Company (L.C.), then the documents should typically be signed by the Company's "Managing Member."*
- *If the applicant is a partnership, then typically a partner can sign on behalf of the partnership.*
- *If the applicant is a limited partnership, then the general partner must sign and be identified as the "general partner" of the named partnership.*
- *If the applicant is a trust, then they must include the trustee's name and the words "as trustee".*
- *In each instance, first determine the applicant's status, e.g., individual, corporate, trust, partnership, estate, etc., and then use the appropriate format for that ownership.*

**Under penalties of perjury, I declare that I have read the foregoing Affidavit of Authorization and that the facts stated in it are true.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF COLLIER

The foregoing instrument was sworn to (or affirmed) and subscribed before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name of person providing oath or affirmation), as \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification.

STAMP/SEAL

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