



LEGAL DESCRIPTION (attach separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ZONING: \_\_\_\_\_ FUTURE LAND USE: \_\_\_\_\_

EXISTING USE: \_\_\_\_\_

<b><u>APPLICANT/AGENT:</u></b>	
NAME:	
COMPANY:	
ADDRESS:	
CITY, STATE, ZIP:	
TELEPHONE:	FAX:
EMAIL:	

<b><u>OWNER (IF DIFFERENT FROM APPLICANT):</u></b>	
NAME:	
COMPANY:	
ADDRESS:	
CITY, STATE, ZIP:	
TELEPHONE:	FAX:
EMAIL:	

SIGNATURE OF APPLICANT: \_\_\_\_\_

SIGNATURE OF OWNER (IF DIFFERENT): \_\_\_\_\_

*\*Please attach a notarized Authorization of Owner and/or notarized power of attorney, if applicant is different from owner.*

*\*If owner of the property is a corporation or company, a corporate resolution must be submitted with the application. An original resolution currently on file in the Planning Dept. that is less than 1 year old may be used. The resolution must state the name of the person(s) who have been resolved by the company as having authority to execute documents on behalf of the company. It must 1) be current; 2) state a termination date; 3) be signed and certified by the secretary; 4) be embossed with the corporate seal; and 5) be an original document.*

*\*For every person doing business under a fictitious name, an Affidavit of Publication must be submitted.*

**THE FOLLOWING MUST BE SUBMITTED AT THE TIME OF APPLICATION:**

- Two (2)** current (*no older than 2 years*) signed and sealed surveys of the subject property
- One (1)** Plat Map; folded to fit in an 8 ½" x 14" folder
- Legal Description of the property being abandoned, including acreage
- Letter from all appropriate utility companies (power, water, cable, etc.) stating easement to be abandoned is not being utilized.
- Typed mailing labels of all property owners adjacent to the subject property\*
- Authorization of owner, power of attorney, and/or affidavit of publication, if required (see above section).
- Check made payable to the City of DeLand in the amount of **\$300.00**.

\* Applicant must provide the City with typed mailing labels of property owners' names and address for all parcels adjacent to the subject property. The Volusia County Property Appraiser's office (123 W. Indiana Ave., DeLand, (386) 736-5901) can provide the information necessary to compile this list, for a fee.

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**Criteria for all abandonments:**

1. The requested vacation is consistent with the Transportation Element of the City Comprehensive Plan.
2. The right-of-way does not provide the sole access to any property. Remaining access shall not be by easement.
3. The vacation will not jeopardize the current or future location of any utility.
4. The proposed vacation is not detrimental to the public interest, and provides a positive benefit to the City.
5. The proposed vacation is not part of a tree preservation, nature conservation, wetland protection or similar area.

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**NOTE:** The application will be reviewed by the Technical Review Committee (TRC), Planning Board, and City Commission. The TRC meets the 3<sup>rd</sup> Thursday of the month in the Planning Department, TRC Conference Room, 120 S. Florida Ave. The Planning Board meets the 3<sup>rd</sup> Wednesday of the month at 5:00 pm in the City Commission Chambers. The City Commission meets the 3<sup>rd</sup> Monday of the month at 7:00 pm in the City Commission Chambers. Deadline for submittal is attached. Applications are due at noon on the dates listed. Incomplete applications will not be accepted. Comments and agenda will be emailed prior to the TRC meeting.

**Staff Use Only**

Complete Application Received By & Date: \_\_\_\_\_

Incomplete Application Received By & Date: \_\_\_\_\_

(missing items): \_\_\_\_\_

Scheduled Application Closing Date: \_\_\_\_\_

Scheduled TRC Meeting Date: \_\_\_\_\_

Scheduled Planning Board Meeting Date: \_\_\_\_\_

Scheduled City Commission Date: \_\_\_\_\_

Payment Received: Check Amount: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

# SAMPLE OF CORPORATE RESOLUTION

Accepted by the City of DeLand Planning Department

## RESOLUTION OF BOARD OF DIRECTORS

(Place Name of Corporation Here)

Resolved, That (name of person) is hereby appointed President of the Corporation with the power to make all purchases, contracts, contributions, acts, decisions, proceedings, elections, and deeds and any other papers that need to be signed, on behalf of this Corporation, in his/her own name and in the name of the Corporation, (name of Corporation), Inc.

I, (name of person), do hereby certify that I am the duly elected and qualified (title) and the keeper of the records and corporate seal of (name of Corporation), Inc., a corporation organized and existing under the laws of the State of Florida, and that the above is a true and correct copy of a resolution fully adopted at a meeting of the Board of Directors thereof, convened and held in accordance with the laws and Bylaws of said Corporation on (date), and that such resolution is now in full force and effect.

IN WITNESS WHEREOF, I have affixed my name as (title) and have caused the corporate seal of said Corporation to be hereunto affixed the (date).

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*Name and Title*

# SAMPLE OF NOTARIZED AUTHORIZATION OF OWNER

Accepted by the City of DeLand Planning Department

I/We, \_\_\_\_\_,

(Name of owner) as the sole or joint fee simple title holder(s) of the property described as:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

authorize \_\_\_\_\_ (Name of applicant) to act as my agent to seek a \_\_\_\_\_ (e.g. Special Exception, Change of Zoning, etc.) for the above-referenced property.

My application will be heard at a public hearing on \_\_\_\_\_ (mo/day/yr) before the Technical Review Committee, before the Planning Board on \_\_\_\_\_ (mo/day/yr), and before the City Commission on \_\_\_\_\_ (mo/day/yr), unless continued or otherwise rescheduled.

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
OWNER'S SIGNATURE

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (Date) by

\_\_\_\_\_, (Name of person acknowledging) who is personally known to me or who has produced \_\_\_\_\_ (Type of ID) as identification and who did not take an oath.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

Type or Print Name:

\_\_\_\_\_  
Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_