



City of Stuart  
121 SW Flagler Ave  
Stuart, FL 34994

Received by: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_  
Approved by: \_\_\_\_\_

(772) 288-5326

## Application for Right of Way Abandonment

Project ID# \_\_\_\_\_  
(Staff Entry)

Pre-App Conference Date:	Application Date:
Project Name:	
Parcel ID#	Project Address:
Zoning/CRA Sub-district:	
Subdivision:	Lot(s):
Fee: \$768.00 plus 100% of appraised value <i>(This does not include fees that may be charged as a result of application reviews by the City's consultants)</i>	
<b>Submittal Requirements:</b> A completed application form, the payment of fees, and pertinent information as determined by the Development Director.	
<b>Approving Authority:</b> The Development Director is required to prepare a staff report and recommendation concerning this application for the City Commission public hearing.	
<b>Justification:</b> Please provide justification supporting the request for the abandonment, vacation or change of name of any street, alley, road, or public way <i>(include additional pages if needed)</i> :	
<b>(over)</b>	

# General Information

(Please Print or Type)

1. Property Owner, Lessee, Contract Purchaser, or Applicant (circle one):

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

2. Agent of Record (if any): The following individual is designated as the Agent of Record for the property owner, lessee, or contract purchaser and should receive all correspondence related to the application review.

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

3. 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:	City/State/Zip Code:
Title:	Telephone Number:
Company:	Facsimile Number:
Company Address:	Email Address (optional):

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

4. Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

**State of Florida, Martin County** The foregoing instrument was acknowledged before me on this \_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_ who is personally known to me, or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_  
Notary Signature

Commission Expires: