



City of Ocala
GROWTH MANAGEMENT DEPARTMENT
201 SE 3rd Street, Second Floor, Ocala, Florida 34471
Phone: (352) 629-8404 Fax: (352) 629-8242
Email: gmd@ocalafl.org Website: www.ocalafl.org

_____ **ABROGATION (\$1,250)**
_____ **VACATION OF PLAT (\$1,250)**

1. Name of Petitioner(s): _____

Address of Petitioner(s): _____

City _____ State _____ Zip Code _____ Phone # _____

Fax # _____ Email address _____

2. a. Parcel account number(s) [from tax roll]: _____

b. Section _____ Township _____ Range _____ Size of Property _____

c. Legal Description: (Please attach)

NOTE: It shall be the applicant's responsibility to provide the correct legal description for the subject property. The application will not be processed until a correct legal description is provided. An electronic file of the legal description in Word format must be submitted with the application.

3. Agent (if applicable) _____ Phone # _____

Address _____ City _____ State _____

Zip Code _____ Fax # _____ Email address _____

4. I hereby request abrogation of the land, described as: _____

5. For the purpose of: _____

It is recommended that the applicant discuss this request with the City of Ocala Engineering Department, Real Estate Division, prior to submittal.

Please provide a survey demonstrating the property you wish to have abrogated. The survey must be prepared by a Florida-licensed land surveyor, certified to the City.

6. Affected and adjoining Property owners are:	Addresses:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I, _____, am the legal representative of the
Agent's Name (print)
applicant and I am authorized to speak on his/her behalf for the subject matter.

_____	_____
Agent's Signature	Address (Street)
_____	_____
Phone Number	City, State, Zip Code

Email Address	

ATTENDANCE at the public hearing by the applicant
or agent (as designated in writing) **IS MANDATORY**

STAFF USE ONLY:

a. Sketch attached:	Y	N	
b. Hearing set:	Y	N	Date: _____
c. Fee paid:	Y	N	
d. Legal advisement:	Y	N	Date: _____
e. Notice sent:	Y	N	Date: _____
f. Rejected:	Y	N	(see attached reason)
g. Accepted:	Y	N	Date: _____

Action for City Council

Approved: _____
Denied: _____
Effective date: _____