



City of Pompano Beach  
 Department of Development Services  
 Planning & Zoning Division

100 W. Atlantic Blvd Pompano Beach, FL 33060  
 Phone: 954.786.4634 Fax: 954.786.4666

**Request for Vacation**

Request for Vacation

Request for Vacation	
<b>Easement Vacation</b>	<b>Right-of-Way Vacation</b>

**DEADLINE:** Initial paper submission and fee must be received by 4:00 PM on the day of the deadline. *Electronic file submission must be uploaded into the ePlan system within 24 hours of this deadline.* Refer to the "Meeting Schedules and Deadlines" document provided on the City's website for submission deadlines. **To ensure quality submittal, this project will only be added to the P&Z Agenda when a complete submission has been uploaded into the ePlan system. If a complete submission is not uploaded by the deadline, the application will be rejected via email.**

**Application Review Process:**

Application Type	Step 1	Step 2	Step 3	Step 4
<b>Request for Vacation</b>	Pre-Application Conference with Maggie Barszewski ( <a href="mailto:Maggie.Barszewski@pompanobeach.com">Maggie.Barszewski</a> 954-786-7921)	Recommendation from the Development Services Director	Recommendation by the Planning & Zoning Board	Final Decision by the City Commission

**APPLICATION SUBMISSION PROCESS:** Upon reception of the **PAPER SUBMISSION** (see below) at the Zoning Inquires counter, an email will be sent to the agent with a link to ePlan where all project drawings and documents listed in the **DIGITAL SUBMISSION** section (see below) shall be uploaded.

**PAPER SUBMISSION: The following paper documents are to be submitted to the Planning & Zoning Department:**

<b>PAPER</b>	<input type="checkbox"/>	One (1) completed application with original signatures. (pg. 3-4)
	<input type="checkbox"/>	Proof of ownership (owner's certificate form must be completed by owner). (pg. 5)
	<input type="checkbox"/>	Application Fee as established by resolution of the City Commission. See P&Z webpage for <a href="#">amount</a> .

**DIGITAL SUBMISSION: The following digital documents are to be uploaded directly to Electronic Plan Review (ePlan):**

<b>ePLAN</b>	<input type="checkbox"/>	Conceptual Site Plan.	<input type="checkbox"/> <b>RIGHT-OF-WAY VACATIONS:</b> Attorney's Title Opinion or Certificate of Title dated within the last six (6) months.
	<input type="checkbox"/>	Legal Description (Digital copy in WORD)	
	<input type="checkbox"/>	Current survey or recorded plat.	



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155.243 I. RIGHT-OF-WAY OR EASEMENT VACATION OR ABANDONMENT

(Below is a summary of Section 155.2431. For the complete language, please refer to the Zoning Code)

REVIEW STANDARDS

An application for vacation or abandonment of a public right-of-way or easement shall be approved only on a finding that all of the following standards are met:

- 1. The right-of-way or easement is not now, or in the foreseeable future, of any benefit to the city or its inhabitants; and
2. Vacation or abandonment of the right-of-way or easement is consistent with the comprehensive plan.placed underground.

PROCEDURE

- 1. Pre-Application Conference with Maggie Barszewski, Planner. (Maggie.Barszewski@copbfl.com or 954-786-7921)
2. Recommendation by the Development Service Director.
3. Recommendation by the Planning and Zoning Board, following a quasi-judicial hearing.
4. Final decision by the City Commission, following a quasi-judicial public hearing.



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<b>Street Address:</b>	<b>Folio Number:</b>	<b>Zoning District:</b>
<b>Subdivision:</b>	<b>Block:</b>	<b>Lot:</b>
<b>Type of Easement (if applicable):</b>		
<b>Does Petitioner have any financial interest in properties near or abutting this property?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: _____ _____ _____	
<b>Improvements Located on Property:</b>		

Applicant	Landowner (Owner of Record)
<b>Business Name (if applicable):</b>	<b>Business Name (if applicable):</b>
<b>Print Name and Title:</b>	<b>Print Name and Title:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Date:</b>	<b>Date:</b>
<b>Street Address:</b>	<b>Street Address:</b>
<b>Mailing Address City/ State/ Zip:</b>	<b>Mailing Address City/ State/ Zip:</b>
<b>Phone Number:</b>	<b>Phone Number:</b>
<b>Email:</b>	<b>Email:</b>
<b>Email of ePlan agent (if different):</b>	





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OWNER'S CERTIFICATE

This is to certify that I am the owner of the subject lands described in this application and that I have authorized the filing of the aforesaid application for rezoning.

Owner's Name: (Print or Type)

Address: (Zip Code)

Phone:

Email address:

(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this \_\_\_ day of \_\_\_, \_\_\_\_.

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, stamp, or Type as Commissioned.)

- [] Personally know to me, or
[] Produced identification: (Type of Identification Produced)