

Development Services Department
1515 NW 167th Street, Bldg.5, Suite 200
Miami Gardens, Florida 33169
Phone: (305) 622-8023
Fax: (305) 622- 8857
www.miamigardens-fl.gov



Office Use Only

Date Received: _____

Process No. _____

RIGHT-OF-WAY DEDICATION/VACATION APPLICATION

TYPE OF APPLICATION:

- Right-of Way Dedication Easement Dedication Vacation of Right-of-way
 Vacation of Easement Other

APPLICANT INFORMATION:

APPLICANT'S MAILING ADDRESS, TELEPHONE NUMBER:

Name of Applicant:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ E-mail: _____

OWNER INFORMATION:

OWNER'S NAME, MAILING ADDRESS, TELEPHONE NUMBER:

Owner's Name (Provide name of ALL owners): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ E-mail: _____

DULY APPOINTED AGENT INFORMATION:

CONTACT PERSON, MAILING ADDRESS, TELEPHONE NUMBER:

Contact Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ E-mail: _____

PROJECT INFORMATION:

1. **PROJECT NAME:** _____

2. **LIST FOLIO NUMBER OF ALL PARCELS:**

ADDRESS OR LOCATION OF PROPERTY: _____

SUBMITTAL CHECKLIST

<u>Required</u>	<u>Provided</u>	<u>Description</u>
<input type="checkbox"/>	<input type="checkbox"/>	Warranty Deed - A legible copy of the "Warranty Deed".
<input type="checkbox"/>	<input type="checkbox"/>	Opinion of Title – copy of opinion of title
<input type="checkbox"/>	<input type="checkbox"/>	Legal Description – provide legal description along with sketch of the portion(s) of property to be dedicated/vacated.
<input type="checkbox"/>	<input type="checkbox"/>	Right-of-Way DEED – fully executed
<input type="checkbox"/>	<input type="checkbox"/>	Letters of no objection – letters of no objection to the action from FPL, cable, gas, or other utility companies.
<input type="checkbox"/>	<input type="checkbox"/>	Fees

Please direct all inquiries regarding the REQUEST FOR ROAD DEDICATIONS/VACATION to the Zoning Administrator, Cyril Saiphoo located at the Planning and Zoning Department (305) 622-8023.

FEE SCHEDULE

<u>Description</u>	<u>Fee</u>	<u>Applicable</u>
Dedication/ Vacation Fee	\$3456.00	<u>\$3456.00</u>
Miscellaneous Fee	\$ 384.00	_____
Subtotal		_____
Surcharge of 15%		<u>\$</u>
Grand Total		<u>\$</u>

OWNERSHIP AFFIDAVIT FOR INDIVIDUAL

NOTE: Please make all checks payable to 'City of Miami Gardens' / Cash, Credit or Debit accepted

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____, hereinafter the Affiant, who being first duly sworn by me, on oath, deposes and says:

- 1. Affiant is the fee owner of the property that is the subject of the proposed hearing.
- 2. The subject property is legally described as:

- 3. Affiant understands this affidavit is subject to the penalties of law for perjury and the possibility of voiding of any zoning granted at public hearing.

Witnesses:

Signature

Affiant's signature

Print Name

Print Name

Signature

Print Name

Sworn to and subscribed before me on the _____ day of _____ 20____.

Affiant is personally known to me or has produced _____ as identification.

Notary

(Stamp/Seal)

Commission Expires:

OWNERSHIP AFFIDAVIT FOR CORPORATION

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____ hereinafter the Affiant(s), who being first duly sworn by me, on oath, deposes and says:

1. Affiant is the president, vice-president or CEO of the Corporation, or otherwise authorized to sign on behalf of the Corporation, doing business at the following address:

2. The Corporation owns the property which is the subject of the proposed zoning hearing.
3. The subject property is legally described as:

4. Affiant is legally authorized to file this application for public hearing.
5. Affiant understands this affidavit is subject to the penalties of law for perjury and the possibility of voiding of any zoning action granted at public hearing.

Witnesses:

Signature

Affiant's signature

Print Name

Print Name

Signature

Print Name

Sworn to and subscribed before me on the ____ day of _____ 20 ____.

Affiant is personally known to me or has produced _____ as identification.

Notary

(Stamp/Seal)

Commission Expires: