

Public Works Department REAL PROPERTY SECTION 115 South Andrews Avenue (Room 501-RP)

Ft. Lauderdale, FL 33301 Phone 954-357-6826 FAX FAX 954-357-5544

Office Use Only **Date Application** Accepted: 06-12-2017

Application Number: 2017-V-09

	APPLICATION FOR VACATION AND ABANDONMENT
Α.	☐ Vacation of Plats, or any Portion Thereof (BCAC 25.99)
В.	☐ Abandonment of Streets, Alleyways, Roads or Other Places Used for Travel (BCAC 25.100)
C.	∇ Release of Public Easements and Private Platted Easements or Interests (BCAC 25.101)

PETITIONER INFORMATION		
Petitioners (Owners):		
Petitioner 1: WASTE MANAGEMENT INC OF FLORIDA	Folio(s): 4842 2828 0010	
Address: 2700 WILES ROAD	Phone: 954-984 2029	
Address (cont'd):	Fax:	
City, State Zip: POMPANO BEACH, FL 33073	Email: DeBock, Luke <ldebock@wm.com></ldebock@wm.com>	
Important: Proof of Property Ownership required. Note: For Co-Petitioners/Owners, complete additional Petitioner/Owner Information page(s).		

AGENT INFORMATION		
Agent for Petitioners:		
Contact Person: CATHERINE A. DONN	Phone 1: 954-739-6400	
Address: 3563 NW 53 STREET	Phone 2:	
Address (cont'd):	Fax:	
City, State Zip: FT LAUDERDALE, FL 33309-6311	Email: cdonn@craventhompson.com	
Note: Proof of Agent Authorization by Petitioners required.		

PROPERTY INFORMATION				
Vacation Requested: (brief description) Vacation of a portion of a vacant 10' platted utility easement, lying within PB 179-67, BCR.				
Section: 28 Township: 48 S	Range:	: 42 E		
Approximate Street Address: 1951 N POWERL	INE ROAD			
Location: Wunicipality		Unincorporated Broward County		
Folio Number(s): 4842 2828 0010				
Plat: DELTA POMPANO, PB 179-67				
Surveyor/Mapper: CRAVEN THOMPSON & ASSOCIATES, INC.				
Legal Description Attached: 🗸 Full 🗸 Short	Zoning: I-1	Land Use: INDUSTRIAL		
Reason for Vacation (be specific): The easement has never been used, as the area around the easement has been vacant land for many years, and the easement is now in conflict with a new proposed development.				
First Application? ✓ Yes □ No If No, pre	First Application? 🗸 Yes 🗌 No If No, previous Application No:			

ADDITIONAL PETITIONER	INFORMATION
Petitioner 2:	Folio(s):
Address:	Phone:
Address (cont'd):	Fax:
City, State Zip.	Email:
ADDITIONAL PETITIONER	INFORMATION
Petitioner 3:	Folio(s):
Address:	Phone:
Address (cont'd):	Fax:
City, State Zip:	Email:
ADDITIONAL PETITIONER	INFORMATION
Petitioner 4:	Folio(s):
Address:	Phone:
Address (cont'd):	Fax:
City, State Zip:	Email:
ADDITIONAL PETITIONER	INFORMATION
Petitioner 5:	Folio(s):
Address:	Phone:
Address (cont'd):	Fax:
City, State Zip:	Email:
ADDITIONAL PETITIONER	INFORMATION
Petitioner 6:	Folio(s):
Address:	Phone:
Address (cont'd):	Fax:
City, State Zip:	Email:
ADDITIONAL PETITIONER	INFORMATION
Petitioner 7:	Folio(s):
Address:	Phone:
Address (cont'd):	Fax:
City, State Zip:	Email:
ADDITIONAL PETITIONER	INFORMATION
Petitioner 8:	Folio(s):
Address:	Phone:
Address (cont'd):	Fax:
City, State Zip:	Email:
	1

The undersigned Petitioner(s) has fully reviewed the Instructions concerning the Application for Vacation and Abandonment and understands that the Application must be complete and accurate prior to Broward County acceptance and review. The undersigned hereby petitions the Broward County Board of County Commissioners to vacate and abandon the property described herein. By signing as Petitioner(s), the undersigned certifies authenticity of ownership and, when applicable, authorizes the Agent to be its representative in this Application to Vacate and Abandon process.

PETITIONER/OWNER(S)

4-3-17	WASTE MANAGEMENT INC OF FLORIDA	WASTE MANAGEMENT INC. OF FLORIDA
Date	Petitioner	(print name)
arista	Johnson	Ву
	Witness	(signature)
Coleen	1. Horhhan	TIMOTHY B. HAWKINS, PRESIDENT
	Witness	(print signer's name)
Date	Petitioner	(print name)
		Ву
	Witness	(signature)
	Witness	(print signer's name)

PETITIONERA	CKNOWLEDGMENT (By Individual)	
State		
County		
I hereby certify that on this day personally appear acknowledgments,	ed before me, an officer duly authorized to administer oaths and ta	ıke
(name), who being first duly sworn by me this Application for Vacation and Abandonment.	day, depose and state that s/he is the Petitioner in the forego	ing
The foregoing instrument was acknowledged befor 20 , by		_
who is personally known to me or has product as identification.	ed	
NOTARY (SEAL)		
	Print Name:	
	Notary Public in and for the County and State last aforesaid	I.
	My Commission Expires:	
	Serial No., if any:	

PETITIONER ACKNOWLEDGMENT (By Business or Government Entity)

State	FLORIDA	
County	BROWARD	
I hereby certify acknowledgme	that on this day personally appeared beforents,TIMOTHY B. HAWKINS, PRES	re me, an officer duly authorized to administer oaths and take
as		(title)
	ANAGEMENT INC OF FLORIDA	(name of entity),
a FLORIDA P	ROFIT CORPORATION	(type of corporation/partnership/government),
		g first duly sworn by me this day, deposes and states that s/he ty as Petitioner(s) in the foregoing Application for Vacation and
20 , by TIV	instrument was acknowledged before me th OTHY B. HAWKINS, PRESIDENT onally known to me or has produced n.	is 3 day of APRIL, 2017
	NOTARY (SEAL)	Print Name: Wurden Wurter Johnson
	SUSAN CHRISTA JOHNSON	Notary Public in and for the County and State last aforesaid.
4	MY COMMISSION # FF 065349	•
	EXPIRES: January 29, 2018 Bonded Thru Budget Notary Services	My Commission Expires:
	COL LOC	Serial No., if any:

AFFIDAVIT TO AUTHORIZE PETITIONER(S) AGENT

I/We, WAS	STE MANAG	SEMENT INC OF FLORIDA			
property to	be vacated in t	the subject Application for Vacatio	n and Abandonment, being duly sworr	the property owner(s) of n, depose(s) and say(s):	
1. Tha	 That I/we am/are the owner(s) and record title holder(s) of the lands that are to be vacated and abandoned. my/our Folio Number(s) is/are as follows: 4842 2828 0010 				
		b hereby appoint the following Agent to act on my/our behalf in the processing of the subject for Vacation and Abandonment to Broward County Board of Commissioners:			
Na	ıme:	CRAVEN THOMPSON & A	ASSOCIATES, INC.		
Ad	ldress:	3563 NW 53 STREET			
Cit	ty, State Zip:	FORT LAUDERDALE, FL	33309-6311		
Te	elephone:	954-739-6400			
Со	ontact Person:	Catherine A. Donn			
WA	STE MANAGEN	MENT INC. OF FLORIDA			
	Name of Pe	titioner/Owner(s)			
Ву	The second of th				
TIMO	OTHY B. H	gnature) WKINS, PRESIDENT			
		nt name)			
2RI	D	,			
9_	day of AT	PIL , 20 <u>17</u>			
	EL ODID	•			
State	FLORIDA				
County	BROWA		B 117		
~	rsonally known	as acknowledged before me this NAWKINS, PRESIDENT to me or has produced	1 day of APRIL, 2017		
No. of the					
	NOTA (SEA		1 . 1.	4	
	WOTARY !	SUSAN CHRISTA JOHNSON	Print Name: Audau duris	the polivier	
	* 2	MY COMMISSION # FF 065349 EXPIRES: January 29, 2018	Notary Public in and for the County a	and State last aforesaid.	
	TE OF	Bonded Thru Budget Notary Services	My Commission Expires:		
			Serial No., if any:		