



**Engineering Services
Department
Development Services Division
*Planning~Building~Inspections***

105 Miracle Strip Pkwy. SW
Fort Walton Beach, FL 32548
P: (850) 833-9697
F: (850) 833-9926

**APPLICATION TO VACATE A RIGHT-OF-WAY, EASEMENT, OR
SUBDIVISION PLAT**

Applicant (Agent) NAME:	
ADDRESS:	
PHONE:	
EMAIL:	

Will the access of adjacent property owners be impaired? Yes No

Will the access to a public water body be negatively impacted? Yes No

Explain why there is no longer a public need for the right-of-way, easement, or plat.

OWNER'S CONSENT AND DESIGNATION OF AGENCY

I, _____, the fee simple owner of the following described property (give legal description):

Hereby petition the City of Fort Walton Beach to approve the vacation of: right-of-way
 easement
 plat

at _____ and affirm that _____ is hereby designated to act as agent on my behalf to accomplish the above.

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand this application; attachments and fees become part of the official records of the City of Fort Walton Beach, Florida, and are not returnable.

(Owner's Signature)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____ by _____, who is personally known to me or has produced _____ as identification and who did take an oath.

(Printed Name of Notary Public)

(Signature of Notary Public)

Commission # _____. My commission expires _____.

(Notary's Seal)