

VACATION AND CLOSURE APPLICATION

HEARING BOARDS

444 SW 2nd Avenue, 7th Floor ♦ Miami, Florida 33130 ♦ Telephone 305-416-2030
www.miamigov.com/hearing_boards

Welcome to the City of Miami! This application is intended to serve as a guide in assisting you with our public hearing process. Please feel free to contact us, should you have any questions.

The deadline to file the complete application with supporting documents is the **last five working days of each month from 8:00 am until 3:00 pm, except on the fifth day, until 12:00 pm.** **The application submittal date is the date stamped by Hearing Boards' staff on this page.**

The responses to this application must be ***typed and signed in black ink***. All pertinent and accurate information/documentation; i.e., the plans, reports, exhibits, shall be presented at the time of filing, in addition to the paid receipt. The applicant is responsible for the accuracy of the information contained in the application and all supporting materials. Should you wish, you could bring the materials to our office for review before the deadline to ensure completeness.

You will be responsible, if needed, to bring an interpreter for the English language to any presentation before city boards, committees and the city commission. A valid power of attorney will be required if neither applicant or legal counsel representing the applicant execute the application or desire to make a presentation before city boards, committees and the city commission. All documents, reports, studies, exhibits (8½x11") or other materials submitted during this process will be kept as part of the record. Any documents offered to the Planning, Zoning and Appeals Board and the City Commission, which have not been provided fifteen (15) days before the meeting as part of the agenda materials will be entered into the record at the discretion of the aforementioned Board and Commission.

ORDINANCE NO. 11469, CODIFIED IN CHAPTER 2, ARTICLE VI OF THE CITY CODE STATES THAT ANY PERSON WHO RECEIVES COMPENSATION, REMUNERATION OR EXPENSES FOR CONDUCTING LOBBYING ACTIVITIES TO REGISTER AS A LOBBYIST WITH THE CITY CLERK, PRIOR TO ENGAGING IN LOBBYING ACTIVITIES BEFORE CITY STAFF, BOARDS, COMMITTEES AND THE CITY COMMISSION. A COPY OF SAID ORDINANCE IS AVAILABLE IN THE OFFICE OF THE CITY CLERK (MIAMI CITY HALL), LOCATED AT 3500 PAN AMERICAN DRIVE, MIAMI, FLORIDA, 33133.

Ordinance No. 12918 states that each person or entity requesting approval, relief or other action from the City Commission or any of its boards, authorities, agencies, councils or committees regarding any issue, shall disclose at the commencement (or continuance) of the public hearing(s) on the issue, any consideration provided or committed, directly or on its behalf, for an agreement to support or withhold objection to the requested approval, relief or action. The *Disclosure of Consideration Provided or Committed for Agreement to Support or Withhold Objection Affidavit* included in this package must be submitted with the application. The applicant must, at the commencement of any public hearing on the issue, if there is any disclosure to report, read the disclosure into the record. Also, the applicant must supplement the affidavit if there is any new information or additional information to disclose.

Copies of City Commission resolutions and ordinances can be obtained at our website through the "Legislative Hub", or for certified copies, contact the City Clerk's Office at 305-250-5360.

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Please refer to Chapter 55 of the Miami City Code for Vacation and Closure information.

1. Applicant(s): _____
2. Copies of the Tentative Plat: One (1) 24x36" and one (1) 8½x11" prepared by a State of Florida registered land surveyor.
3. Original sketch of surveys: a) One (1) 24x36"; b) Two (2) 11x17"; and c) One (1) 8½x11" prepared by a State of Florida Registered Land Surveyor showing only the area to be vacated or closed and the pertinent legal description of the area, within one year from the date of application.
4. Opinion of Title addressing the reversionary rights, if any. Note: An update is required if more than three (3) months elapse before Zoning Board or City Commission approval.
5. Signed Tentative Plat letter from Public Works indicating Plat & Street recommendation.
6. A clear and legible copy of the recorded warranty deed and tax forms of the most current year showing the present owner(s) and legal description of the property.
7. A clear and legible copy of the legal description and sketch of area to be vacated, labeled as "Exhibit A". The original 8½x11" sketch of survey in #3 above can be labeled, "Exhibit A".
8. At least two photographs showing the entire property showing land and improvements.
9. Copy of the lobbyist registration processed by the Office of the City Clerk, if applicable.
10. *Affidavit of Authority to Act* and the *Disclosure of Ownership* of all owner—and contract purchasers, if applicable—of the subject property.
11. For all corporations and partnerships indicated:
 - a) Articles of Incorporation;
 - b) Certificate from Tallahassee showing good standing, less than one (1) year old;
 - c) Corporate Resolution or a Power of Attorney signed by the secretary of the Corporation authorizing the person who signed the application to do so;
 - d) Non-profit organizations: A list of Board of Directors less than one (1) year old.
12. Certified list of owners of real estate within 500 feet of the subject property.

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13. Original *Disclosure of Consideration Provided or Committed for Agreement to Support or Withhold Objection Affidavit*.

14. The subject property(ies) **cannot** have any open code enforcement/lien violations.

15. What is the acreage of the project/property site? _____

16. What is the purpose of this application/nature of proposed use? _____

17. Is the property within the boundaries of a historic site, historic district or archeological zone? Please contact the Planning Department on the 3rd Floor for information. _____

18. Is the property within the boundaries of an Environmental Preservation District? Please contact the Planning Department on the 3rd Floor for information. _____

19. Cost of processing according to Section 62-156 of the Miami City Code*:

Vacation of public right-of-way:

a. Original submittal:

- | | |
|------------------------------------|-------------|
| 1. Per square foot of right-of-way | \$.90 |
| 2. Minimum | \$ 1,200.00 |

b. Re-submittals:

- | | |
|------------------------------------|-------------|
| 1. Per square foot of right-of-way | \$.90 |
| 2. Minimum | \$ 1,200.00 |
| 3. Maximum | \$ 1,700.00 |

Public hearing and public meeting mail notice fees, including cost of handling and mailing per notice	\$ 3.50
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**Pursuant to Ordinance 12719, all planning and zoning fees in excess of \$25,000.00, shall be paid in the form of a certified check, cashier's check, or money order.*

Signature _____

Address _____

Name _____

Telephone _____

E-mail _____

STATE OF FLORIDA -- COUNTY OF MIAMI-DADE

The foregoing was acknowledged before me this _____ day of _____ 20____, by _____ who is a(n) **individual/partner/agent/corporation** of _____ a(n) **individual/partnership/corporation**. He/She is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

(Stamp)

Signature

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AFFIDAVIT OF AUTHORITY TO ACT

Before me this day, the undersigned personally appeared _____, who being by me first deposes and says:

1. That he/she is the owner or the legal representative of the owner, submitting the public hearing application as required by the Code of the City of Miami, Florida, affecting the real property located in the City of Miami, as listed on the foregoing pages.
2. That all owners who he/she represents, if any, have given his/her full and complete permission for him/her to act in his/her behalf for the change or modification of a classification or regulation of zoning as set out in the foregoing petition, including or not including responses to day to day staff inquires.
3. That the foregoing and following pages are part of this affidavit and contain the current names, mailing addresses, telephone numbers and legal descriptions of the real property of which he/she is the owner or legal representative.
4. That the facts, as represented in the application and documents submitted in conjunction with this affidavit, are true and correct.

Further Affiant sayeth not.

Applicant(s) Name

Applicant(s) Signature

STATE OF FLORIDA -- COUNTY OF MIAMI-DADE

The foregoing was acknowledged before me this _____ day of _____ 20_____, by _____ who is a(n) **individual/partner/agent/corporation** of _____ a(n) **individual/partnership/corporation**. He/She is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

(Stamp)

Signature

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DISCLOSURE OF OWNERSHIP

1. List the owner(s) of the subject property **and** percentage of ownership. **Note:** The Miami City Code requires disclosure of all parties having a financial interest, either direct or indirect, with respect to a presentation, request or petition. Accordingly, disclosure of shareholders of corporations, beneficiaries of trusts, and/or any other interested parties, together with their address(es) and proportionate interest are required. Please supply additional lists, if necessary.

Owner's Name(es) _____

Percentage of Ownership _____

Subject Property Address(es) _____

2. List all street address(es) and legal description(s) of any property located within 500 feet of the subject property owned by any and all parties listed in question #1 above. Please supply additional lists, if necessary.

Street Address(es):

Legal Description(s):

Owner(s) or Attorney Name _____

Owner(s) or Attorney Signature _____

STATE OF FLORIDA -- COUNTY OF MIAMI-DADE

The foregoing was acknowledged before me this _____ day of _____
20_____, by _____ who is
a(n) **individual/partner/agent/corporation** of _____ a(n)
individual/partnership/corporation. He/She is personally known to me or who has produced _____
_____ as identification and who did (did not) take an oath.

(Stamp)

Signature _____

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PREPARING LIST OF PROPERTY OWNERS WITHIN 500 FEET

You will **only** be responsible for providing the documents as instructed below in order to meet the filing criteria. You will **not** need to obtain signatures from any of your neighbors before, during, or after the public hearing process.

Below is the format required for preparing the ownership list of real estate properties within 500 feet of the subject property. This information must reflect the most current records on file in the Miami-Dade County Tax Assessor's Office. If you have any questions, please call us at **305-416-2030**.

- **Should you wish, you may obtain this information from a real estate consultant found in the yellow pages of your phone book.**

1. COVER LETTER – You may use the format shown on the following page. The letter is to be signed by the person who composed the list.
2. MAP – A map of the property showing the radius—from the outside boundary of the site—indicating all properties within a 500-foot radius.
3. OWNERSHIP LIST – The list should include the owners' name(s), mailing address, property street address(es) and legal descriptions, **including one individual from the condominium association** within the notification area. This list *must* be provided in the format shown below.

OWNERSHIP LIST

Legal Description:

SUBDIVISION NAME (Plat Book/Page)
Block #, Lot #,
Street Address

Mailing Label:

Owner's Name(s) and
Mailing Address
City, State Zip Code

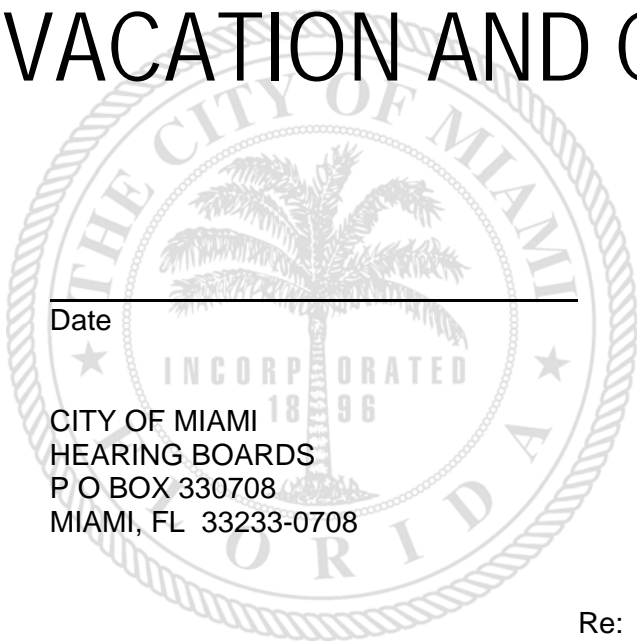
Example:

A.L. KNOWLTON'S MAP OF MIAMI (B-41)
Block 1, Lot 2
345 SW 6th Street

JOHN SMITH
123 SW 4th Street
Miami, Florida 33156

4. MAILING LABELS – **Six (6) sets** showing *only* the name and mailing address of all property owner(s) listed in the ownership list, as in the example above, using one space per name. Be sure to observe the margins of each space. Please avoid duplication of labels where the same owner name with the same property address appears more than once.

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Date _____

CITY OF MIAMI
HEARING BOARDS
P O BOX 330708
MIAMI, FL 33233-0708

Re: Property Owner's List Within 500 Feet of:

Street Address(es)

Total number of labels without repetition: _____.

I certify that the attached ownership list, map and mailing labels are a complete and accurate representation of the real estate property and property owners within a 500-foot radius of the subject property listed above. This information reflects the most current records on file in the Miami-Dade County Tax Assessor's Office.

Sincerely,

Signature

Name or Company Name

Address

Telephone

E-mail

VACATION AND CLOSURE CHECKLIST

Reviewer Name

Review Date

Applicant Name

Contact Information

Project Name and Address

- | | | | |
|------------------------------|-----------------------------|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Copies of the Tentative Plat: One (1) 24x36" and one (1) 8½x11" |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Original sketch of surveys: One (1) 24x36"; two (2) 11x17" and one (1) 8½x11" |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Opinion of Title |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Letter from Public Works |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | One (1) copy of Recorded Deed |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | "Exhibit A", legal description and sketch of area to be vacated; the original 8½x11" sketch of survey can be labeled as "Exhibit A" |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Current photos, two (2) minimum, showing the entire property |
| <hr/> | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Proof of Lobbyist Registration |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Affidavit of Authority to Act |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Disclosure of Ownership of all owners |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Disclosure of all contract purchasers |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Certificate of Status from Tallahassee dated within 1 year of application for Profit and Non-profit owners and contract purchasers |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Corporate Res. or Power of Atty. from all owners or Board of Directors |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Corp. Res. or Power of Atty. from all contract purchasers |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Non-profits: List of Board of Directors (owners) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Non-profits: List of Board of Directors (contract purchasers) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Disclosure of Agreement to Support or Withhold Objection |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Certified list of adjacent owners within 500 feet |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Public School Concurrency |
| <hr/> | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Code Enforcement violation(s) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All property addresses/location subject to this request listed |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All questions answered |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Paid receipt |

I, _____, **authorize any refund to be issued to** _____
 _____ **(Name and Complete Address).**

*If any information/documentation required above is missing, application is not accepted and all documents are returned to the applicant.

*If all required information/documentation is presented, date stamp and initial the application.