

CITY OF NORTH PORT

Development Services Planning Division 4970 City Hall Boulevard North Port, FL 34286-4100 www.northportfl.gov Phone (941) 429-7156

DATE RECEIVED – DATE STAMP

Relocation of Easement Packet

Th	e following items are to be included in the submission:
	Relocation of Easement Application
	Affidavit(s)
	Relocation of Easement Checklist
	Relocation of Easement Fee Sheet

Note

Please be advised that each application is considered a separate petition and will be reviewed as such. Packets will not be processed if incomplete or missing requested information.

If there is more than one property owner of the subject property, all owners must complete an affidavit.



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RELOCATION OF EASEMENT APPLICATION

Upon making any application to the City for any reason, the applicant agrees to comply with all the requirements of the Unified Land Development Code and further agrees to allow authorized city staff and personnel to enter and inspect the property during normal business hours

Project Name:			
Name of Applicant:			
Name of Corporation/LLC (I	f Applicable):		
Street Address:			
			Zip Code:
Phone:	FAX No		E-mail:
Name of Property Owner: ((if different from the applica	ant above)	
Street Address:			
			Zip Code:
Phone:	FAX No		E-mail:
Property Description: (Plea. oa.com/testsearch/)	se list additional PID's on a	separate sheet of paper) (Information can be found at http://www.sc-
Parcel I.D. No(s): 1		2	
Legal: Lot(s):	Block:	Addition:	Tract or Parcel:
Subdivision:			
Section:	Township:	Range:	Acreage:
Stroot Addross:			

-	se of Application: Plea eneral project descrip		y state what the i	ntended use	of the pro	operty will be or why you are making this application
Easem	ent in use? Yes:		No:			
Zoning	District: (e.g. RSF, I	RTF, RM	F, AG, ILW, CG, C)PI, PCD):		
Existin	g land use (e.g., house	e, comm	ercial structure, vo	acant):		
Lot: Lot: Type: Constr (existi		, PR = P tify if th ment is	e encroachment the result of a p			construction (new) or a pre-existing condition , please provide the actual/estimated date of
Reloca	ıte	Type	Construction	Date	Item(s)) Encroaching into Easement Area
Lot #	Side – Right					
	Side – Left					
Lot #	Side – Right					
	Side – Left					
Lot#	Side – Right					
	Side – Left					
to City	or District owned prope	erty, inclu	ding canals and wa	terways, and	the easeme	relocated if the easement is directly parallel and adjacent serves or will serve that property." ect to the best of my knowledge.
	Signature of Ap	plicant				Date
	Print Applicant	Name				

Checklist of Required Submittal Items:

RELOCATION OF EASEMENT

Exhibit A- Title Assurance/Current Deed for proof of ownership
Exhibit B- Certification that Taxes and Assessments have been paid
Exhibit C- Current Survey (A legal description and boundary survey signed and sealed by a registered land surveyor in the State of Florida.)
Exhibit D- Survey of the proposed new location (A sketch and description in 8 ½ by 11 paper size of the new location of the easement together with an unexecuted grant of easement. Please make sure all information is legible and clear.)



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Relocation of Easement Fee Sheet

Property Location (Address):		
PID(s) #:		

Relocation of Easement Calculation

Fees	Total
City Fee \$100	
Surveyor Review Fee (to be assessed after review)	
TOTAL	

-Relocation application fee of \$100.00 shall be made payable to the City of North Port. Fees must be paid prior to the processing of the submittal.

-Applicant agrees to pay surveyor review fee before the release of documentation from the City for approval.

-Applicant is responsible for all recording fees charged by Sarasota County.

Please contact Planning Staff if you have any questions, 941.429.7156

AFFIDAVIT

I (the undersigned),		being first duly sworn, depose and s	•
I am the owner, attorney, attorney-in-fact, ager is the subject matter of the proposed application and other supplementary matter attached to a knowledge and heliof. Lynderstand this applica-	on; that all answers to the qu nd made a part of the applic	estions in this application, and all sketche ation are honest and accurate to the bes	es, data st of my
knowledge and belief. I understand this applica	•	·	
or hearing can be advertised, and that I am au North Port staff and agents to visit the site a		•	-
conditions such as locked gates, restricted hou			-
individual who can allow access.	is, guara dogs, etc., prease p	yourse the name and terephone name.	. 0,
Sworn and subscribed before me this	day of	, 20,	
Signature of Applicant or Authorized Agent	Print Name and Title	9	
STATE OF	, COUNTY OF		
The foregoing instrument was acknowledged by		, 20	_, by
		e <mark>rso</mark> nally known to me or has proc	
		as identification.	
		(Place Notary Seal Below)	
Signature - Notary Public			
Signature - Notary Fublic			
	AFFIDAVIT		
AUTHORIZA	TION FOR AGENT/	APPLICANT	
,	Paul	, property owner, hereby	
authorize	ATM	to act as Agent on our behalf to apply	
for this application on the property described as	s (legal description)	EU / • //	
To and application on the property described as	, (regar description)		
	10-11		
Owner	////:/ /\	Date	
STATE OF	, COUNTY OF		
The foregoing instrument was acknowledged by			_, by
	who is p	ersonally known to me or has proc	duced
		as identification.	
		(Place Notary Seal Below)	
Circulations Matter Dublis			
Signature - Notary Public			