



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

The 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 (If Applicable): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX No. _____ E-mail: _____

Name of Property Owner: (if different from the applicant above) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX No. _____ E-mail: _____

Property Description: (Please list additional PID's on a separate sheet of paper) (Information can be found at <http://www.sc-pa.com/testsearch/>)

Parcel I.D. No(s): 1. _____ - _____ - _____ 2. _____ - _____ - _____

Legal: Lot(s): _____ Block: _____ Addition: _____ Tract or Parcel: _____

Subdivision: _____

Section: _____ Township: _____ Range: _____ Acreage: _____

Street Address: _____

Purpose of Application: Please briefly state what the intended use of the property will be or why you are making this application (e.g. general project description).

Easement in use? Yes: _____ No: _____

Zoning District: (e.g. RSF, RTF, RMF, AG, ILW, CG, OPI, PCD): _____

Existing land use (e.g., house, commercial structure, vacant): _____

11. Easements to be Relocated

Lot: Lot Number

Type: TR = Total Relocate, PR = Partial Relocate

Construction: Please identify if the encroachment is the result of new construction (new) or a pre-existing condition (existing). If the encroachment is the result of a pre-existing condition, please provide the actual/estimated date of construction of the improvements.

<i>Relocate</i>	Type	Construction	Date	Item(s) Encroaching into Easement Area
Lot #	Side – Right			
	Side – Left			
Lot #	Side – Right			
	Side – Left			
Lot #	Side – Right			
	Side – Left			

Please Note: Pursuant to Chapter 53, Section 53-267i.i., “An easement shall not be relocated if the easement is directly parallel and adjacent to City or District owned property, including canals and waterways, and the easement serves or will serve that property.”

***All of the information provided on this application is true and correct to the best of my knowledge.**

Signature of Applicant

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 say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner of the property described and which is the subject matter of the proposed application; that all answers to the questions in this application, and all sketches, data and other supplementary matter attached to and made a part of the application are honest and accurate to the best of my knowledge and belief. I understand this application must be complete and accurate before the application can be processed or hearing can be advertised, and that I am authorized to sign the application by the owner or owners. I authorize City of North Port staff and agents to visit the site as necessary for proper review of this application. *If there are any special conditions such as locked gates, restricted hours, guard dogs, etc., please provide the name and telephone number of the individual who can allow access.*

Sworn and subscribed before me this _____ day of _____, 20_____,

Signature of Applicant or Authorized Agent

Print Name and Title

STATE OF _____,

COUNTY OF _____

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

(Place Notary Seal Below)

Signature - Notary Public

AFFIDAVIT AUTHORIZATION FOR AGENT/APPLICANT

I, _____, property owner, hereby authorize _____ to act as Agent on our behalf to apply for this application on the property described as (legal description) _____

Owner

Date

STATE OF _____,

COUNTY OF _____

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

(Place Notary Seal Below)

Signature - Notary Public