



City of Ocala
 Growth Management Department
 201 S.E. 3rd Street, 2nd Floor
 352-629-8404 | www.ocalafl.gov | gmd@ocalafl.gov

ABROGATION OR VACATION PLAT REQUEST

- Abrogation (\$1,500)
- Vacation of Plat (\$1,500)

Due Date: Complete application 45 days prior to Planning and Zoning Commission meeting held on the second Monday of the month. Incomplete applications will not be processed until all required information is submitted. Staff may request additional information to properly review the application.

Name of Petitioner(s):							
Mailing address:		City:			State:		
Phone:		Email:					
Parcel Number(s):							
Section:		Township:		Range:		Size of Property:	
Attach Legal Description: It shall be the applicant's responsibility to provide the correct legal description for the subject property. The application will not be processed until a correct legal description is provided. An electronic file of the legal description in Word format must be submitted with the application.							
Agent (if applicable)		Agent Phone:					
Address:		City:				State:	
Email Address:							
I hereby request abrogation of the land, described as: 							
For the purpose of: 							



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It is recommended that the applicant discuss this request with the [City of Ocala Engineering Department, Real Estate Division](#), prior to submittal.

Please provide a survey demonstrating the property you wish to have abrogated. The survey must be prepared by a Florida-licensed land surveyor, certified to the City.

Affected and adjoining Property owners are:	Addresses:

I, _____, am the legal representative of the applicant and am authorized to speak on his behalf for the subject matter.			
Agent's address:			
City:		State:	
Agent's Phone:		Agent's Email:	
Agent's Signature:			

ATTENDANCE at the public hearing by the applicant or agent (as designated in writing) IS MANDATORY

STAFF USE ONLY:

- a. Sketch attached: Yes No
- b. Hearing set: Yes No Date: _____
- c. Fee paid: Yes No
- d. Legal advisement: Yes No Date: _____
- e. Notice sent: Yes No Date: _____
- f. Rejected: Yes No (see attached reason)
- g. Accepted: Yes No Date: _____

Action for City Council

Approved: _____ Denied: _____
 Effective date: _____