

**BREVARD COUNTY SOLID WASTE MANAGEMENT DEPARTMENT  
IMPROVED RESIDENTIAL REAL PROPERTY – VACANCY ADJUSTMENT PETITION  
ANNUAL SOLID WASTE ASSESSMENTS**

Dear Property Owner:

A Petition for Vacancy Adjustment of the annual Solid Waste Disposal and Collection assessments may be filed with the Solid Waste Management Department if the following conditions are met, as provided in Chapter 94 of Brevard County Code of Laws and Ordinances No. 14-03, §25, adopted January 28, 2014; amended §94-237.

- The property has been vacant continuously and uninterrupted for *six (6) consecutive calendar months* during the period January 1<sup>st</sup> through December 31<sup>st</sup>. The six months calculation will begin on the first day of the month that vacancy occurs for the entire month; and
- The enclosed petition is properly completed; *and*
- The described property agrees with the legal description; *and*
- The petition containing the owner's signature within, along with the supporting vacancy evidence documents are received no later than August 31<sup>st</sup> of the current year. Forms received after August 31<sup>st</sup> will not be processed.

It is the owner's responsibility to submit a new petition containing the owner's signature along with the required supporting vacancy evidence for approval by August 31<sup>st</sup> each year via United States Postal (USP) mail or email ([solidwaste.petition@brevardfl.gov](mailto:solidwaste.petition@brevardfl.gov)). Applications received after August 31<sup>st</sup> shall not be approved. Please do not submit a petition for a Vacancy Adjustment of the Annual Solid Waste Disposal and Collection assessment if the property does not meet the stated criteria for a vacancy adjustment. The Required Vacancy Evidence must be provided at the same time as the application is submitted. Approved vacancy adjustments are effective for one (1) year only.

The supporting vacancy evidence consists of the copies of twelve (12) water utility bills. If the petitioner cannot provide copies of twelve (12) water utility bills, please substitute, and provide copies of twelve (12) electric utility bills. Utility bill copies are required for each year a vacancy period is claimed and must show the disconnect and reconnect dates of these same bills reflecting little or no consumption during the vacancy period. The Required Vacancy Evidence also includes the enclosed printed usage summary containing the property address from either the water utility or the electric utility for the period of vacancy claimed and not exceeding the cut-off date of August 31<sup>st</sup> each year. The vacancy period for the property should be continuous and uninterrupted for the entire six (6) months claimed and must occur within the period January 1<sup>st</sup> and December 31<sup>st</sup> each year.

In addition, owners of trailer park(s) will need to provide a park map that identifies all park improvements, including recreation halls, laundromats, and the location of all trailer spaces by unit number, street names, etc. If it is determined that the property is entitled to a vacancy adjustment, the residential solid waste disposal and collection assessments will be adjusted by one-half on the tax bill. If the petition is denied, the owner will be notified and advised of the appeals process. Approved vacancy adjustments to Mandatory Solid Waste Disposal and Collection Assessments are effective for only one (1) fiscal year. It is the owner's responsibility to obtain and file a new petition for approval prior to August 31<sup>st</sup> of each year.

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**Owner(s)/Petitioner(s) Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Site Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parcel-Identification \_\_\_\_\_ Tax Identification Number \_\_\_\_\_

**CERTIFICATION**

I hereby certify that I am the owner of the above-described property and that the information provided is accurate and complete to the best of my knowledge. I, therefore, request a vacancy adjustment to the mandatory annual solid waste assessments in accordance with Chapter 94, as amended. If approved, I will transport all solid waste materials generated on my property to one of Brevard County’s transfer stations or landfill sites ([www.brevardfl.gov/SolidWaste](http://www.brevardfl.gov/SolidWaste)). Furthermore, as a condition of the exemption of the petition being approved, I understand that County Ordinance prohibits the burying or burning of solid waste materials on private property, unless otherwise exempted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

**Submit Application and Supporting Vacancy Petition Documents by US Postal Services or Email  
Brevard County Solid Waste Management  
2725 Judge Fran Jamieson Way, Building A 118  
Viera, FL 32940  
Email Address: [solidwaste.petition@brevardfl.gov](mailto:solidwaste.petition@brevardfl.gov)**

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**REQUIRED VACANCY EVIDENCE SUMMARY REPORT**

	City	Zip Code
Property Address		

**Select the six (6) consecutive months for which this property remained vacant:**

January	<input type="checkbox"/>	February	<input type="checkbox"/>	March	<input type="checkbox"/>	April	<input type="checkbox"/>
May	<input type="checkbox"/>	June	<input type="checkbox"/>	July	<input type="checkbox"/>	August	<input type="checkbox"/>
September	<input type="checkbox"/>	October	<input type="checkbox"/>	November	<input type="checkbox"/>	December	<input type="checkbox"/>

**Utility Bill Copies (Include with Petition)**

<b>Twelve (12) Continuous and Uninterrupted Months Select One (1) Box Only</b>		<b>Reporting Period (Annual)</b>	
<input type="checkbox"/>	Water Utility Bills (Preferred)	January 1 <sup>st</sup>	December 31 <sup>st</sup>
<input type="checkbox"/>	Electric Utility Bills	January 1 <sup>st</sup>	December 31 <sup>st</sup>
Water or Electric Utility Usage Summary Report Must Include Property Address		Entire six (6) months claimed within a calendar year; reflects disconnect and reconnect dates	

**RESERVED FOR BREVARD COUNTY SOLID WASTE MANAGEMENT DEPARTMENT USE ONLY  
Residential Waste Collector: Waste Management**

Disposal Assessment Amount	Prior	\$	New	\$
Collection Assessment Amount	Prior	\$	New	\$
Reviewer			Date	
<input type="checkbox"/>	Approved		Date	
<input type="checkbox"/>	Denied		Date	
Notes:				
Researched/Posted By			Date	