



# DRAINAGE/UTILITY EASEMENT ABANDONMENT APPLICATION

**APPLICANT:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Easement: \_\_\_\_\_  
PIN/Tax Map #: \_\_\_\_\_  
Reason for Requesting Abandonment: \_\_\_\_\_  
Plan or Plat Attached:  Yes  No

I, \_\_\_\_\_, understand that signatures are required from all owners of property(ies) where the easement exists and/or will be located. A survey showing the existing easement and proposed relocation is required. The Planning Commission will consider this request at 4:30 p.m. on \_\_\_\_\_.

Applicant's Signature: \_\_\_\_\_

Signature and address of other property owners affected: *(Attach list if necessary)*

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Application Number: _____	Fee Paid: _____	Date: _____
Taken By: _____	Council District: _____	