

## PETITION FOR RELEASE OF COVENANT OF EASEMENT APPLICATION

TO BE COMPLETED BY PLANNING STAFF			
FILE NUMBER <b>ET</b>		COUNCIL DISTRICT	RECEIPT #: _____
QUAD #	ZONING DISTRICT	GENERAL PLAN DESIGNATION	AMOUNT: _____
LOCATION			DATE: _____
			BY: _____

TO BE COMPLETED BY APPLICANT (PLEASE PRINT OR TYPE)			
PROJECT DESCRIPTION _____ _____			
ASSESSOR'S PARCEL NUMBER(S)		ACREAGE (gross)	
PRINT NAME OF APPLICANT			
ADDRESS		CITY	STATE      ZIP CODE
SIGNATURE  <i>wet/original signature required. Digital or scanned copy of the signature will NOT be accepted.</i>			DATE
DAYTIME TELEPHONE # (    )	FAX # (    )	E-MAIL ADDRESS	
ENGINEER			
PRINT NAME OF ENGINEER & COMPANY			DATE
ADDRESS		CITY	STATE      ZIP CODE
DAYTIME TELEPHONE # (    )	FAX # (    )	E-MAIL ADDRESS	
CONTACT PERSON			
PRINT NAME OF CONTACT PERSON			DATE
ADDRESS		CITY	STATE      ZIP CODE
DAYTIME TELEPHONE # (    )	FAX # (    )	E-MAIL ADDRESS	