



Easement Relinquishment Application

Community Development Department
 3100 Belmont Blvd. Suite 104, West Richland, WA 99353
 509-967-5902 Fax 509-967-2419 Inspection Line 967-3518

PROPERTY OWNER INFORMATION		<input type="checkbox"/> Contact Person
Owner:		
Address:		
Phone:	Phone:	
Email:		

APPLICANT/CONTRACTOR INFORMATION (if different)		<input type="checkbox"/> Contact Person
Company:	UBI#	
Contact:		
Address:		
Phone:	Phone:	
Email:		

EASEMENT TO BE RELINQUISHED		<input type="checkbox"/> Access Easement	<input type="checkbox"/> Utility Easement
Legal Description:	Parcel #		

APPLICATION MUST INCLUDE
<ol style="list-style-type: none"> 1. Completed Application (Including Utility Sign-Off Sheet and Easement Relinquishment Form attached). 2. Title Insurance Certificate, issued not more than 30 days prior to application, showing ownership of the property and all lien holders. 3. Map of property with location of easements and any existing lines. <p>I authorize employees and officials of the City of West Richland the right to enter and remain on the property in question to determine whether a permit should be issued and whether special conditions should be placed on any issued permit. I have the legal authority to grant such access to the property in question.</p> <p>I also acknowledge that if a permit is issued for land development activities, no terms of the permit can be violated without further approval by the permitting entity. I understand that the granting of a permit does not authorize anyone to violate in any way any federal, state, or local law/regulation pertaining to development activities associated with a permit.</p> <p>I hereby certify under penalty of perjury under the laws of the State of Washington that the following is true and correct:</p> <ol style="list-style-type: none"> 1. I have read and examined this permit application and have documented all applicable requirements on the site plan. 2. The information provided in this application contains no misstatement of fact. 3. I am the owner(s), the authorized agent(s) of the owner(s) of the above referenced property, or I am currently a licensed contractor or specialty contractor under Chapter 18.27 RCW or I am exempt from the requirements of the Chapter 18.27 RCW. 4. I understand this permit is subject to all other local, state, and federal regulations. <p><i>Note: This application will not be processed unless the above certification is endorsed by an authorized agent of the owner(s) of the property in question and/or the owner(s) themselves. If the City of West Richland has reason to believe that erroneous information has been supplied by an authorized agent of the owner(s) of the property in question and/or by the owner(s) themselves, processing of the application may be suspended.</i></p> <p>Printed Name: _____</p> <p>Signature: _____ Date _____</p>

BENTON REA 402 7 th St P O Box 1150 Prosser, WA 99350	Phone: (800) 221-6987 Phone: (509) 786-8252 Fax: (509) 786-2231		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">Approve</td> <td style="text-align: center; width: 50%;">Reject</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Signature: _____</td> </tr> </table>	Approve	Reject	<input type="checkbox"/>	<input type="checkbox"/>	Signature: _____	
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FRONTIER 4916 W Clearwater Ave Kennewick, WA 99336	Phone: (509) 736-3720 Fax: (509) 736-6689		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">Approve</td> <td style="text-align: center; width: 50%;">Reject</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Signature: _____</td> </tr> </table>	Approve	Reject	<input type="checkbox"/>	<input type="checkbox"/>	Signature: _____	
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CHARTER COMMUNICATIONS 639 N Kellogg St Kennewick, WA 99336	Phone: (509) 222-2665 Fax: (509) 735-3795		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">Approve</td> <td style="text-align: center; width: 50%;">Reject</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Signature: _____</td> </tr> </table>	Approve	Reject	<input type="checkbox"/>	<input type="checkbox"/>	Signature: _____	
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KENNEWICK IRRIG DIST (KID) 12 W Kennewick Ave P O Box 6900 Kennewick, WA 99336	Phone: (509) 586-9111 Fax: (509) 586-7663		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">Approve</td> <td style="text-align: center; width: 50%;">Reject</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Signature: _____</td> </tr> </table>	Approve	Reject	<input type="checkbox"/>	<input type="checkbox"/>	Signature: _____	
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COLUMBIA IRRIG DIST (CID) 10 E Kennewick Ave Kennewick, WA 99336	Phone: (509) 586-6118 Fax: (509) 586-0485		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">Approve</td> <td style="text-align: center; width: 50%;">Reject</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Signature: _____</td> </tr> </table>	Approve	Reject	<input type="checkbox"/>	<input type="checkbox"/>	Signature: _____	
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CASCADE NATURAL GAS 200 N Union Kennewick, WA 99336	Phone: (509) 735-5564 Fax: (509) 735-9141		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">Approve</td> <td style="text-align: center; width: 50%;">Reject</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Signature: _____</td> </tr> </table>	Approve	Reject	<input type="checkbox"/>	<input type="checkbox"/>	Signature: _____	
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Other:			<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">Approve</td> <td style="text-align: center; width: 50%;">Reject</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Signature: _____</td> </tr> </table>	Approve	Reject	<input type="checkbox"/>	<input type="checkbox"/>	Signature: _____	
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Signature: _____									

WHEN RECORDED PLEASE RETURN TO:

City of West Richland
Planning Department
3801 W Van Giesen St.
West Richland, WA 99353

Portion of Parcel #:1-

RELINQUISHMENT OF EASEMENT

The **CITY of WEST RICHLAND**, Benton County, Washington, a municipal corporation, for and in consideration of the transfer of, all interest in a portion of an easement recorded under **Auditors File No.** _____, records of said County and State, said easement, hereby relinquishes to **Name and/or Corporation**, the owners of the underlying property situated in said City, County and State and described as follows:

A portion of the _____ of Section _____, Township _____ North, Range _____ East, W.M., The City of West Richland, Benton County, Washington, described as follows:

Description

BRENT GERRY
City Mayor

STATE OF WASHINGTON)
 : SS
COUNTY OF BENTON)

On this ____ day of _____, 2017, before me the undersigned, Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared, **Brent Gerry** to me known to be the, City Mayor of the City of West Richland, Benton County, Washington, the corporation that executed the foregoing instrument and acknowledged the same instrument to be the free and voluntary act and deed of said corporation, for the uses and purposed therein mentioned, and on oath stated that they are authorized to execute the said instrument.

WITNESS my hand and official seal hereon affixed the day and year above written.

Sign Name:

Notary Public in and for the State of Washington;
Residing at _____
My appointment expires _____

seal

Print Name: