



# Easement Relinquishment Application

Community Development Department  
 3801 W Van Giesen St, West Richland, WA 99353  
 509-967-5902 Fax 509-967-2419 Inspection Line 967-3518

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

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

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

<b>APPLICATION MUST INCLUDE</b>
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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.

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.

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.

I hereby certify under penalty of perjury under the laws of the State of Washington that the following is true and correct:

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.

*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.*

Printed Name: \_\_\_\_\_

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

<b>BENTON REA</b> 402 7 <sup>th</sup> St P O Box 1150 Prosser, WA 99350	Phone: (800) 221-6987 Phone: (509) 786-8252 Fax: (509) 786-2231		Approve <input type="checkbox"/> Signature: _____	Reject <input type="checkbox"/>
<b>FRONTIER</b> 4916 W Clearwater Ave Kennewick, WA 99336	Phone: (509) 736-3720 Fax: (509) 736-6689		Approve <input type="checkbox"/> Signature: _____	Reject <input type="checkbox"/>
<b>CHARTER COMMUNICATIONS</b> 639 N Kellogg St Kennewick, WA 99336	Phone: (509) 222-2665 Fax: (509) 735-3795		Approve <input type="checkbox"/> Signature: _____	Reject <input type="checkbox"/>
<b>KENNEWICK IRRIG DIST (KID)</b> 12 W Kennewick Ave P O Box 6900 Kennewick, WA 99336	Phone: (509) 586-9111 Fax: (509) 586-7663		Approve <input type="checkbox"/> Signature: _____	Reject <input type="checkbox"/>
<b>COLUMBIA IRRIG DIST (CID)</b> 10 E Kennewick Ave Kennewick, WA 99336	Phone: (509) 586-6118 Fax: (509) 586-0485		Approve <input type="checkbox"/> Signature: _____	Reject <input type="checkbox"/>
<b>CASCADE NATURAL GAS</b> 200 N Union Kennewick, WA 99336	Phone: (509) 735-5564 Fax: (509) 735-9141		Approve <input type="checkbox"/> Signature: _____	Reject <input type="checkbox"/>
<b>Other:</b>			Approve <input type="checkbox"/> Signature: _____	Reject <input type="checkbox"/>

**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 Richland, Benton County, Washington, describ

ed as follows:

**Description**

\_\_\_\_\_  
BRENT GERRY  
City Mayor

STATE OF WASHINGTON    )  
                                      : SS  
COUNTY OF BENTON     )

On this \_\_\_\_ day of \_\_\_\_\_, 2015, 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: