

EASEMENT USE AGREEMENT (EUA)

Applicant Contact Information

Name of Owner: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ E-Mail Address: _____

Name of Agent: _____ Firm: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ E-Mail Address: _____

Name of Applicant (if different than owner or agent): _____

Note:

1. If applicant is a land trust, indicate the name of beneficiaries.
2. If applicant is a corporation other than a public corporation, indicate the name of the officers and major stockholders.
3. If applicant is a partnership, limited partnership, or other business entity, indicate the name of the principals.
4. List all other owners.

Project Information

Address of subject property: _____

Parcel #: _____ Section/Township/Range: ____/____/____

Subdivision: _____ Unit: _____ Lot: _____ Block: _____

Legal Description: _____

Current Zoning: _____ Current Land Use: _____

Submittal Requirement Checklist

The following Submittal Requirement checklist is to be utilized at time of application submittal. **Incomplete submittals will not be accepted.** Documents shall be submitted electronically.

REQUIREMENTS FOR REVIEW:	REQUIRED
Application Form	<input checked="" type="checkbox"/>
Cover Letter , including a statement explaining the reason for the Easement Use Agreement	<input checked="" type="checkbox"/>
Addressing Checklist	<input checked="" type="checkbox"/>
Affidavit of Authorization , if applicable	<input type="checkbox"/>
Proof of Ownership , including a copy of the fee simple deed	<input checked="" type="checkbox"/>
Property Owner Disclosure form	<input checked="" type="checkbox"/>

