



City of Parkland

6600 University Drive
Parkland, Florida 33067
Phone: (954)753-5447 Fax: (954) 753-8838

Utilities / Drainage Easement Agreement

Date: _____

Contractor Name: _____

Contact Person: _____

Contractor Address: _____

City, State, Zip: _____

Contractor Phone: _____

Fax: _____

E-mail: _____

I propose to apply for a building permit to erect the following:

_____ (Description of proposed structure)

_____ (Physical Address)

_____ (Legal Description / Property Control)

I understand that your company will not be responsible in any way for repairs or replacement of any portion of this _____ and that any removal or replacement of this construction necessary for your use of this easement will be done at my expense.

_____ (Applicant - Signature)

_____ (Applicant - Printed)

_____ (Address)

Sworn and subscribed before me this _____ day of _____, 20____, By _____ who is personally known to me or who has produced _____ (type of I.D.) as identification and who **did** / **did not** take an oath.

Notary Public Signature: _____

My Commission Expires: _____

_____ (Utility / Drainage company Signature and Title)

_____ (Type/Print Name and Title)

_____ (Date)