

## 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			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	