

Utility Easement Consent Form

Please circle one utility per form and fax it to the number indicated below. Please make sure you fax/email a copy of the survey. You must have one consent form for all utilities even if you do not have gas, phone, etc. The easement is for the future use of the utility company and/or Town. Include the signed/notarized form with the permit package. The Removal Agreement must be a recorded copy. This list is not inclusive and other entities may have easement rights. It is the applicant's responsibility to identify all easement holders.

AT&T Fax: 561-272-8695

Email: G30576@att.com

Boynton Beach Utilities Fax: 561-742-6299

Email: Easementconsent@bbfl.us

Tel: 561-742-6400

Comcast Cable: Fax: 561-454-5899

Tel: 561-881-3293

Email: Sandra Stockner@comcast.net

Dept. of Environmental Protection

(sewage lines)

Tel: 561-681-6600

FP&L Fax: 561-616-1625

> Tel: 561-616-1601

Email: garcindy.registre@fpl.com

Florida Public Utilities Fax: 561-838-1769

> Tel: 561-838-1817

Email: engineering-wpb@fpuc.com

PBC Health Dept.

(septic system)

Tel: 561-840-4500

Town of Ocean Ridge 561-732-2635 Tel:

Include with permit package.

Utility Easement Consent Form

By:	Date:					
	Utility Provider Name:					
	Email:					
	Address: City, State, Zip: Phone: Fax:					
The owner	of the property located at:	_				(Subject
Property Addre	ess) plans to construct or in	stall a				
	(Permit Work Descrip	ion) located at				
	(Subject Property Add	ress) with the leg	al description bei	ng: Lot	Block	
SubdivisionProperty Control Number 46-43-45						
	nt that you have no objection	_	vement, please s Date	sign below. -		
(Please Pr	int)					
STATE OF	FLORIDA					
COUNTY	OF PALM BEACH					
Sworn to (or affirmed) and subscribe	d before me this	day of		, 20	by:
Name of person making statement		<u></u>		SEAL/STAMP		
Signature	of Notary Public					
Personally	Known: or Prod	luced ID (Type o	of ID):			

TOWN OF OCEAN RIDGE



6450 North Ocean Boulevard, Ocean Ridge, Florida 33435 (561) 732-2635 Main ♦ (561) 737-8359 Fax oceanridgeflorida.com ♦ permit@oceanridgeflorida.com

DEMOVAL ACDEEMENT

Date:	REMOVAL AGREEME				
Date		remiii No	· 		
		(hereinafter referred to as "Owner(s)" is/are desirous			
construction or installing a		•			
	easement on my/our prope				
being as follows: Lot Block			· · · · · · · · · · · · · · · · · · ·		
PCN 46-43-45	·				
WHEREAS, the Owner(s) do	es/do covenant that they are the fe	e simple owner(s) of	the property.		
for construction of an improvement wexpense to the Town, the easemer improvement from the property, within inconsistent with the use of Easemen building permit application number and that no other construction shall Declaration shall be recorded at the Florida, and that this Removal Agree heirs, personal representatives, grant In the event that the Town improvement in the Easement, or a coin the Easement, Owner(s) shall proto and elected officers harmless from a action of every kind or character, in otherwise from said challenge.	ent holders, or the beneficiaries in thirty (30) days notice by the east t. It is agreed by the Owner(s) that, filed with the To, filed with the To I be in effect in said Easement. expense of the Owner(s) in the ement shall be a covenant running ees, assigns, and successors in in and/or Owner(s) are challenged laim for damages is made as a resect, defend, reimburse, indemnify and against all claims, liability, exactluding attorney's fees and cost ment or discontinuance of the East	e Owner(s) hereby act of the Easement, it is ement holder(s) that the improvement shown of Ocean Ridge. It is agreed by the Official Records of g with the land and terest of the Owner(should be official Records of g with the land and terest of the Owner(should be official Records of g with the land and terest of the Owner(should be official Records of g with the land and terest of the Jacement and hold the Town, it pense, loss, cost, days, whether at trial comment or the removal	gree to remove, at no the above described t said improvement is all be depicted on the Building Department, e Owner(s), that this Palm Beach County, be binding upon the s). e placement of said of said improvement ts agents, employees amages or causes of or appellate levels or		
SIGNED, SEALED, EXECUTED AND	ACKNOWLEDGED on this	day of	, 20		
WITNESS:	STATE OF FLO	STATE OF FLORIDA			
	COUNTY OF P	ALM BEACH			
	Sworn to (or affi	rmed) and subscribe	d before me this		
	day of	, 20	by:		
Owner's Signature	Name of person	making statement	<u>.</u>		
Owner's Signature	Notary's Signat	ıre	<u> </u>		
Owner's Phone Number					
CSI OT HONO HAIRMON		SEAL/STAMP			
Personally Known: or Produced			(Type of ID):		