



GRANT COUNTY
PLANNING DEPARTMENT
 P.O. Box 37 - 264 WEST DIVISION AVENUE
 EPHRATA, WA 98823
 (509) 754-2011 EXT 2501

***UTILITY EASEMENT EXTINGUISHMENT/
 ALTERATION APPLICATION***

Application Fee: \$500 (and Applicable Recording Fees) Fee Revised 5/09

Applications for utility easement extinguishment or alteration are required pursuant to GCC 22.04.

All requested information shall be provided - use BLACK ink or type for photocopying purposes.

Applicant: _____

Authorized Agent: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Work) _____ (Fax) _____

Subdivision Name: _____

Intended use of the property: _____

Has application for Lot Consolidation or Boundary Line Adjustment been initiated? _____

Sworn Statement of Utility Locate attached: Yes. No.

“One Call Center” Utility Locate Ticket Number: _____

8½ X 11 Copy of Subdivision attached: Yes. No.

Current (within 30 days) Title Report attached: Yes. No.

Current Legal description of easement attached: Yes. No.

Proposed Legal description of easement attached: Yes. No. *(Only required for Alterations)*

Assessor’s Tax Parcel No’s of Proposal Site: _____

Water Provider _____ Sewer Provider _____

Location of Proposal Site: Section(s): _____ Township: _____ Range: _____

Number of lots: _____ Acreage: _____ Farm Unit: _____ Block: _____

I, the undersigned, state that to the best of my knowledge, the above information is true and complete.

 Applicant’s Signature / Authorized Agent

 Date