CITY OF VERO BEACH
COVENANT OF REMOVAL
CONSTRUCTION IN AN EASEMENT

COMPLETE APPLICATION FORM (ATTACHED)

PREPARE PLOT PLAN

- Show all streets
- Show North direction indication
- Show exact location of any existing structures
- Show all easements
- Identify exact location, size, and type of structure to be placed in the easement (Example: 4’ wood fence; 8 x 8 aluminum shed; 100 sf concrete driveway, etc.)

**APPLICANT** SUBMITS ONE (1) APPLICATION AND ONE (1) PLOT PLAN TO:

AT&T – **Attention: g30576@att.com**
3300 Okeechobee Road, Ft. Pierce, FL 34947
Phone: 772-460-4455, Fax: 772-464-4137

**APPLICANT** SUBMITS ONE (1) APPLICATION AND ONE (1) PLOT PLAN TO:

Comcast Cable – **Attention: Wilson Lopez – Wilson_Lopez@comcast.com**
940 12th Street, Vero Beach, FL 32961
Phone: 772-201-3587 Fax: 772-692-0759

**Contact Sunshine Locators at 811 prior to digging**

**APPLICANT** SUBMITS THREE (3) APPLICATIONS AND FOUR (4) PLOT PLANS

TO: City Planning and Development Office
City of Vero Beach
1053 20th Place, Vero Beach, FL 32960
Phone: 772-978-4550
planning@covb.org
CITY OF VERO BEACH
COVENANT OF REMOVAL
CONSTRUCTION IN AN EASEMENT

APPLICATION FORM

OWNER: ______________________________________ hereby requests to construct a
_____________________________________________ in an existing utility/drainage easement.
(fence, shed, driveway, etc.)

To be located at: _________________________________________________
(address)

Tax ID Number/Parcel Number: ____________________________________

The owner understands that they will be required to remove or relocate any obstruction in
the easement(s) should access be required for future utility work. The relocation/removal
is to be done by the owner or utility. Any cost for this removal/relocation will be the
owner’s responsibility.

____________________________________
Owner’s Signature

____________________________________
Contact Phone #

Date: ______________________________

TO BE COMPLETED BY APPROPRIATE DEPARTMENT/ORGANIZATION

Please indicate below whether you approve or disapprove (circle one) of the action and
return this form to the Building Department.

Signed by: ________________________________________________
                     Name                                           Title

________________________________________________________
Organization/Department

Please give any comments in the space provided below:

_______________________________________________________________________
_______________________________________________________________________

RETURN FORM TO: Planning Department
City of Vero Beach
1053 20th Place
Vero Beach, FL  32960
Phone: (772) 978-4550; Fax (772) 778-3856
planning@covb.org