



Planning, Zoning & Building Department
12300 Forest Hill Boulevard Wellington, FL 33414
Phone: (561) 753-2430 Fax: (561) 791-4045
www.wellingtonfl.gov

UTILITIES EASEMENT CONSENT FORM

**Fill out the form and sign then send the form to each municipality
Please make sure you also send a copy of the Survey**

Comcast Cable Fax: (561) 454-5899
Email: Daniel_Tiburcio2@comcast.com
Tel: (561) 815-6659

AT&T Email: G44448@att.com
**Please be sure to type the following information in the subject line:
Easement, Customer address & City**

FP&L Tel: (561) 616-1657
Tel: (561) 616-1601
Email: DCP-Group.SharedMailbox@NextEraEnergy.com

Florida Public Utilities Fax: (561) 838-1769
Tel: (561) 838-1817
Email: Engineering-wpb@fpuc.com

I am the record title holder of property located at _____
I propose to apply for a permit from the Village of Wellington to construct or install a _____
in the _____ easement on my property. The legal description of this
property is LOT: _____ BLOCK: _____
SUBDIVISION: _____.

In the event your company has no objections to this improvement, please complete this form. I understand that your company will not be responsible in any way for repairs to, or replacement of, any portion of the above referenced improvement and that any removal or replacement of this improvement necessary for your use or access of this easement will be done at the expense of the property owner or their successors in interest.

PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S SIGNATURE: _____

ACKNOWLEDGEMENT:
We agree to the proposed improvement under the circumstances described above.
Name of easement holder: _____

By: _____
Title: _____

Date: _____

Please return this form to the applicant for submittal with the application.
Applicant contact information: _____