

City of Belle Glade  
Planning & Building Department  
110 Dr. Martin Luther King, Jr. Blvd., West  
Belle Glade, FL 33430-3900  
Phone: (561) 518-0111  
Fax: (561) 993-1811



## UTILITIES EASEMENT CONSENT FORM A

**Circle 1 utility per form and email or fax it to the number indicated below:**

**Comcast**

**Fax: (561) 996-3091**

**OR**

Email: [andrea\\_nelson@cable.comcast.com](mailto:andrea_nelson@cable.comcast.com)

**AT&T**

Email: [g44488@att.com](mailto:g44488@att.com)

**FP&L**

**Fax: (561) 742-2016**

**PBC Water Utilities**

**Fax: (561) 992-7685**

**Attn: Hector Rodriguez**

I am the record title holder of property located at \_\_\_\_\_.

I propose to apply for a permit from the City of Belle Glade to construct or install a  
\_\_\_\_\_ in the \_\_\_\_\_ easement on my property.

The property control number of this property is 04\_\_\_\_\_.

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 successor's interest.

PROPERTY OWNER'S NAME \_\_\_\_\_

PROPERTY OWNER'S SIGNATURE \_\_\_\_\_

PROPERTY OWNER TELEPHONE # (H) \_\_\_\_\_ (C)  
\_\_\_\_\_

ACKNOWLEDGEMENT: We agree to the proposed improvement under the  
circumstances described above,

Name of easement holder \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form by email to: [broa@belleglade-fl.com](mailto:broa@belleglade-fl.com)**