



Date: \_\_\_\_\_

## Encroachment Agreement Assignment Application Form

To begin the encroachment review process, please submit the following Online (<https://aca-prod.accela.com/CFW/Default.aspx>):

- One (1) Completed Encroachment Agreement Assignment Application form signed
- One (1) Signature Authority document for each signer of the agreement\* **(see below for requirements)**
- One (1) .pdf of the originally executed Encroachment Agreement
- One (1) copy of the legally recorded warranty deed for assignee
- Payment of \$900.00 for the application Fee
- One (1) Certificate of General Liability Insurance from the assignee (see below for requirements)

**\*Signature Authority document must clearly define who can sign and execute documents on behalf of the entities of both the assignor and assignee.**

To accept any signature, please provide any Bylaws, partnership agreement, amendments, operation agreement, resolutions, consents, or other company agreement authorizing the person to sign on behalf of the entity; and provide the entity structure and signatory block as necessary for the assignment.

Copy of the Homeowner's Insurance Certificate OR Certificate of General Liability Insurance requirements:

-Minimum \$300,000 for Residential and \$1,000,000 for Commercial

-Certificate Holder must read:

**City of Fort Worth**  
**CFA Office – PNxx-xxxxx\*\***  
**200 Texas Street**  
**Fort Worth, Texas 76102**

**\*\*Your encroachment permit number will be given to you by our office after initiation form is received**

### PROJECT INFORMATION (Provide information for each box)

Project Address or Location:	
Legal Description:	
County:	

### I. ASSIGNOR INFORMATION

Owner Name:					
Mailing Address:				City:	
City:		State:		Zip:	
Phone Number:			E-mail:		

### II. ASSIGNEE INFORMATION

Owner Name:					
Mailing Address:				City:	
City:		State:		Zip:	
Phone Number:			E-mail:		

### III. SIGNATORY INFORMATION FOR ASSIGNOR (Person who will sign the contracts)

Applicant/Developer Legal Name: *Must match signatory documents							
Contact Name:				Title:			
Street Address:		City:		State:		Zip:	
Phone Number:			E-mail:				

### IV. SIGNATORY INFORMATION FOR ASSIGNEE (Person who will sign the contracts)

Applicant/Developer Legal Name: *Must match signatory documents							
Contact Name:				Title:			
Street Address:		City:		State:		Zip:	
Phone Number:			E-mail:				

**V. CONTACT INFORMATION – For all correspondence regarding application**

Contact Name:		Title:	
Phone Number:		E-mail:	

**VI. BILLING INFORMATION – For all Encroachment within City’s Right-of-Way**

Entity:		Attn:	
Mailing Address:			
E-Mail:			

---

**VII. APPLICANT SIGNATURE**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**Effective October 16, 2018: All right-of-way and easement encroachment agreements processed may be subject to an annual charge equivalent to \$2.00 per square/linear footage of the encroaching item. The fee initially will be collected at the point of application and then annually for the duration of the terms of the agreement (30 years unless otherwise agreed upon). Checks should be payable to *The City of Fort Worth*.**

**Effective November 19, 2018, encroachment applications will expire 180 days after the date of acceptance unless a permit has been issued.**

THIS PROCEDURE MAY REQUIRE UP TO 60 DAYS if City Council approval is required.

If you have any questions, please visit our website:

<https://www.fortworthtexas.gov/departments/development-services/contract-management-office>