



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

## Encroachment Agreement Termination

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

- One (1) Completed Encroachment Agreement Termination Initiation form
- One (1) Signature Authority document for signer of the agreement\*
- One (1) .pdf of the originally executed Encroachment Agreement
- One (1) copy of the legally recorded warranty deed
- Payment for \$900.00 initiation fee (*Additional fees may apply depending on encroachment type*)

\*Signature Authority document must clearly define who can sign and execute document on behalf of the entity\*

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

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

|   |  |
|---|--|
| Developer / Company Name:<br><i>*Must match name on agreement</i> |  |
| Project Address or Location:                                      |  |
| Plats associated with this Encroachment:                          |  |
| Legal Description:  |  |

### II. OWNER INFORMATION

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

**III. SIGNATORY INFORMATION (Person who sill sign the contracts)**

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

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

|                   |  |  |  |         |        |  |        |  |      |  |
|-------------------|--|--|--|---------|--------|--|--------|--|------|--|
| Contact Name:     |  |  |  |         | Title: |  |        |  |      |  |
| Street Address:   |  |  |  | City:   |        |  | State: |  | Zip: |  |
| PO Box:           |  |  |  | City:   |        |  | State: |  | Zip: |  |
| Phone Number:     |  |  |  | E-mail: |        |  |        |  |      |  |
| Agent/Consultant: |  |  |  |         |        |  |        |  |      |  |



**V. APPLICANT SIGNATURE**

Name: (Print)

\_\_\_\_\_

Signature:

\_\_\_\_\_

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>