

Effective January 2020

GRANT OF PERMANENT EASEMENT INFORMATION FORM

DRAIN NAME _____

PROJECT NAME _____

PROPERTY ID# _____

GRANTOR NAME _____

GRANTOR ADDRESS _____

Municipality _____ ZIP _____

(If different than Grantor Name & Address)

SIGNERS NAME _____

SIGNERS ADDRESS _____

Municipality _____ ZIP _____

Please Include:

*Metes & Bounds description of Parcel and Easement with sketch of Parcel and Easement.

*If this is for an LLC, please include the consent resolution or equal verifying that signer is authorized.

*Owner of property will submit copy of Deed.

***Please note:**

Please provide the above information and submit to:

Property Manager, Engineering Department at the Macomb County Public Works Office or send an email to: tamara.keskeny@macombgov.org

This office will draft the Grant of Permanent Easement document and will contact you when it is ready to be signed and notarized. Once notarized, please return to the Macomb County Public Works Office with a check for \$30.00 to record at the Register of Deeds Office. Once recorded, a copy will be sent to the Grantor.