

When Recorded Mail To:

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**GRANT OF EASEMENT**

**For Drainage Inspection**

Grantor(s): \_\_\_\_\_

Grantee(s): City of Mukilteo \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Tax Parcel Number(s): \_\_\_\_\_

Legal Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN CONSIDERATION of the following approved City of Mukilteo Permit Application Number \_\_\_\_\_ issued for drainage improvements, the Grantor(s), the owner(s) in fee of the legally described real property described above ("Property"), hereby grants to the City of Mukilteo, a political subdivision of the State of Washington its successors in interests and assigns ("City of Mukilteo"), an access easement on and to the Property for the purposes described below.

Grantor(s) hereby grants as follows:

1. The City of Mukilteo shall have a nonexclusive perpetual access easement on the Property for the sole purposes of, and only to the extent necessary to inspect and monitor the Property's drainage improvements as provided in Chapter 13.12 of the Mukilteo Municipal Code.
  
2. This Grant of Easement is intended to promote the efficient and effective management of drainage on the Property. This Grant of Easement shall run with the land and be binding upon Grantor(s), and Grantor's(s) successors in interest and assigns.

3. This Grant of Easement may be terminated by execution of a written agreement by Grantor (s) and the City of Mukilteo expressing their mutual agreement to terminate this Declaration of Covenant and Grant of Easement.

IN WITNESS WHEREOF, this Declaration of Covenant and Grant of Easement is executed this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

GRANTOR(S):

\_\_\_\_\_

By \_\_\_\_\_ By \_\_\_\_\_

Its \_\_\_\_\_ Its \_\_\_\_\_

STATE OF WASHINGTON

COUNTY OF SNOHOMISH

I certify that I know or have satisfactory evidence that

\_\_\_\_\_ Is the person (s) who appeared before me, and acknowledged that he/ she/ they signed and delivered this instrument as his/ her/ their free and voluntary act for the uses and purposes set forth.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

Notary Public in and for the State of Washington

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_