

APPLICATION FOR PERMIT TO REMOVE OR DESTROY A SURVEY MONUMENT

PERMIT NO.

You are hereby authorized to remove or destroy
the described survey monument(s):

AUTHORIZING SIGNATURE/DATE
(DNR or Other Authorizing Agency)

APPLICANT INFORMATION:

NAME:

TELEPHONE NO:

DATE:

COMPANY OR AGENCY NAME AND ADDRESS:

I estimate that this work will be finished by (date)_____.

_____I request a variance from the requirement to reference to the Washington Coordinate System. (Please provide your justification in the space below.)

The variance request is approved; not approved. (FOR DNR USE ONLY) Reason for not approving:

MULTIPLE MONUMENTS:

_____Check here if this form is being used for more than one monument. You must attach separate sheets showing the information required below for each monument affected. You must seal, sign and date each sheet.

INDEXING INFORMATION FOR AN INDIVIDUAL MONUMENT:

- 1) THE MONUMENT IS LOCATED IN: SEC TWP RGE 1/4-1/4
- 2) ADDITIONAL IDENTIFIER: (e.g., BLM designation for the corner, street intersection, plat name, block, lot, etc.)

MONUMENT INFORMATION: Describe: 3) the monument/accessories found marking the position,
4) the temporary references set to re-monument the position (include coordinates when applicable), and
5) the permanent monument(s) to be placed on completion (if a permanent witness monument(s) is set include the references to the original position).

SEAL/SIGNATURE/DATE SIGNED

COMPLETION REPORT FOR MONUMENT REMOVAL OR DESTRUCTION

(TO BE COMPLETED AND SENT TO THE DNR AFTER THE WORK IS DONE.)

_____ I have perpetuated the position(s) as per the detail shown on the application form.

SEAL/SIGNATURE/DATE SIGNED

OR

_____ I was unable to fulfill the plan as shown on the application form. Below is the detail of what I did do to perpetuate the original position(s). (If the application covered multiple monuments attach sheets providing the required information. Seal, sign and date each sheet.)

SEAL/SIGNATURE/DATE SIGNED