

## PUBLIC EASEMENT / IOD REVIEW APPLICATION

<b>EAS</b>
<b>IOD</b>

**NOTE TO APPLICANT: The initial submittal of this application package is for review purposes. Do not obtain the owner's signatures/notary on the "Easement/IOD Form" until instructed by City staff.**

**SUBMITTAL CHECKLIST**

- 1) **COMPLETED APPLICATION FORM**
- 2) **PRELIMINARY TITLE REPORT** – 90 days old max. (obtain from Title Company)
- 3) **VESTING DEED(S)**
- 4) **DEDICATION FORM**
  - a) Download Specific "[Dedication Form](#)" from website. (See link below)
  - b) In two specified locations print owner's name exactly as shown on the vesting deed and enter APN on form. Owner shall sign and notarize form **after City's review when instructed by City staff.**
- 5) **LEGAL DESCRIPTION** (prepared by licensed land surveyor)
  - a) Use uppercase 12 pt arial font. Show basis of bearings.
  - b) Show title at top of page as follows: EXHIBIT A, LEGAL DESCRIPTION, EASEMENT TYPE (as shown on easement form), PAGE NO.
  - c) Submit draft for review.
- 6) **EXHIBIT MAP** - EXHIBIT B (prepared by licensed land surveyor)
  - a) Draw using "Sample Exhibit Map" on website (see link below).
  - b) Submit draft for review.
- 7) **CLOSURE CALCULATIONS** (prepared by licensed land surveyor)
- 8) **REVIEW FEE**
  - a) Standard review fee is \$800 minimum, based on complexity and other factors, a higher fee may be invoiced.

**TYPE OR PRINT LEGIBLY – SHOW ALL INFORMATION – use additional page if more space is required (SUBMIT ORIGINAL APP.)**

<b>P R O J E C T</b>	ADDRESS		DATE OF SUBMITTAL
	LOCATION (INCLUDE CROSS STREETS)		
	TYPE OF EASEMENT OR DOCUMENT	EASEMENT  EASEMENT TYPE	IRREVOCABLE OFFER OF DEDICATION - EASEMENT (IOD) IRREVOCABLE OFFER OF DEDICATION - FEE TITLE (IOD)
	APN (ALL PARCELS)	NAME OF CITY STAFF REQUESTING DEDICATION	

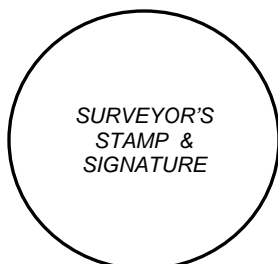
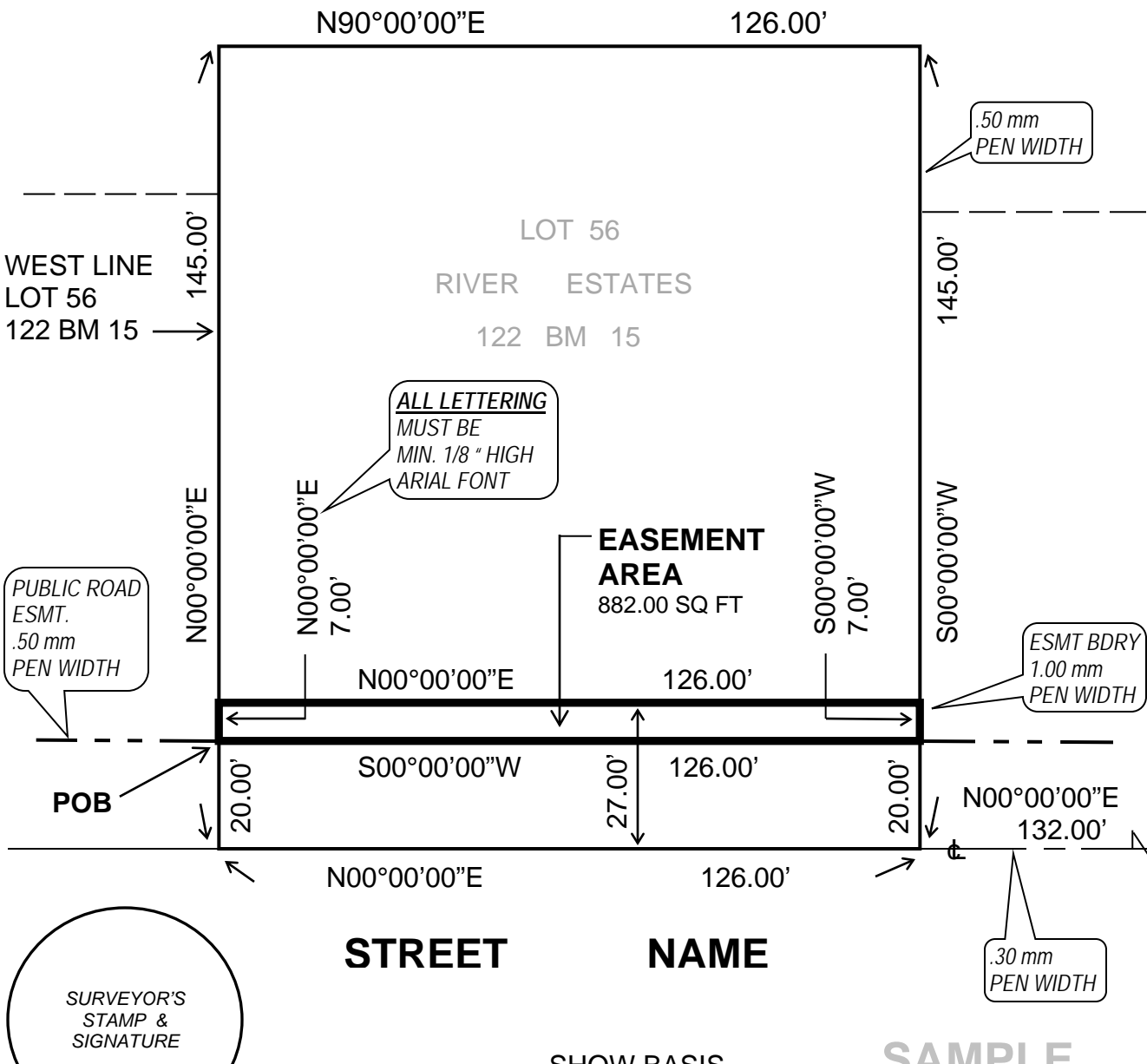
<b>O W N E R</b>	NAME OF LEGAL OWNER(S) (AS SHOWN ON VESTING DEED)		
	MAILING ADDRESS CITY, STATE, ZIP		
	CONTACT	PHONE	E-MAIL

<b>S U R V E Y O R</b>	NAME OF CONSULTING FIRM		
	MAILING ADDRESS CITY, STATE, ZIP		
	CONTACT	PHONE	E-MAIL

**PLEASE DO NOT WRITE BELOW THIS LINE - CITY USE ONLY (REQUESTING PROJECT MANAGER)**

<b>C I T Y  U S E</b>	<b>PROJECT MANAGER APPROVAL OF THE LOCATION, WIDTH &amp; CONFIGURATION OF EASEMENT AND TYPE OF EASEMENT</b>		
	PRINT NAME: _____	SIGNED: _____	DATE: _____
	CHARGE EASEMENT REVIEW TO eCAPS #: _____	<b>OR</b>	COLLECT STANDARD REVIEW FEE
	EASEMENT REQUIRED WITH:	COC MAP	MINOR PERMIT BUILDING PERMIT

PROJ / PERMIT #: _____
IMPVT PLANS OTHER _____



**STREET NAME**

SHOW BASIS OF BEARINGS

**SAMPLE EXHIBIT MAP**

<b>SURVEYING FIRM</b>	<b>EXHIBIT B</b>	SCALE: 1" = 30'
	<b>SHOW EASEMENT TITLE</b> (SEE EASEMENT DEDICATION FORM)	DATE: 1-1-14
	<b>PROPERTY ADDRESS</b>	PAGE 1 OF 1
	CITY OF SACRAMENTO CALIFORNIA	