

PUBLIC EASEMENT / IOD REVIEW APPLICATION

EAS
IOD

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 City website.
 - 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** - See our current [Fee Schedule](#)

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

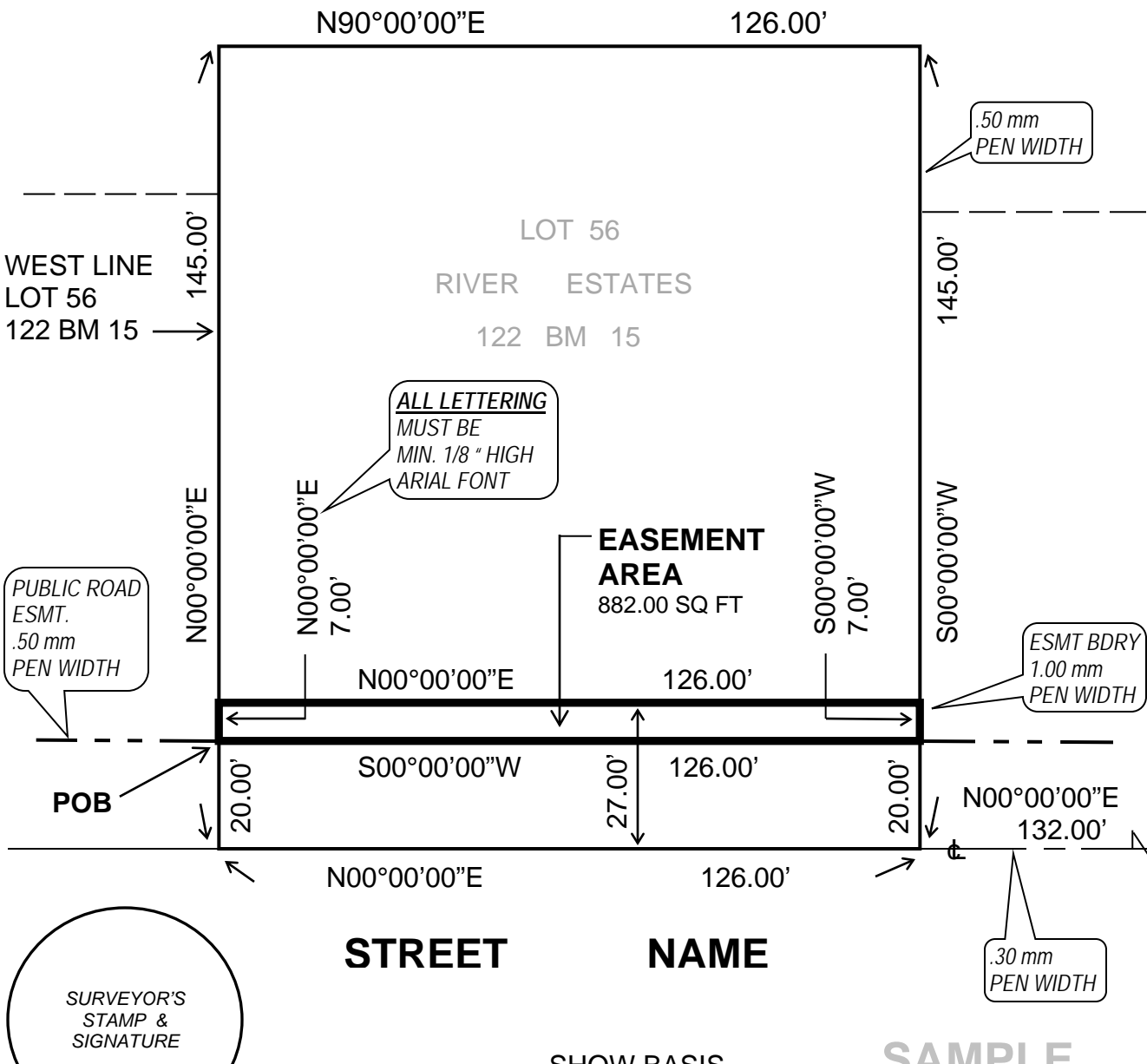
P R O J E C T	ADDRESS		DATE OF SUBMITTAL
	LOCATION (INCLUDE CROSS STREETS)		
	TYPE OF EASEMENT OR DOCUMENT	EASEMENT EASEMENT TYPE	IRREVOCABLE OFFER OF DEDICATION - EASEMENT (IOD) IRREVOCABLE OFFER OF DEDICATION - FEE TITLE (IOD)
	APN (ALL PARCELS)	NAME OF CITY STAFF REQUESTING DEDICATION	

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

S U R V E Y O R	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)

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



SHOW BASIS OF BEARINGS

SAMPLE EXHIBIT MAP

SURVEYING FIRM	EXHIBIT B	SCALE: 1" = 30'
	SHOW EASEMENT TITLE <i>(SEE EASEMENT DEDICATION FORM)</i>	DATE: 1-1-24
	PROPERTY ADDRESS	PAGE 1 OF 1
	CITY OF SACRAMENTO CALIFORNIA	