

EASEMENT DEDICATION APPLICATIONCITY OF OCEANSIDE
ENGINEERING DIVISION**COMPLETE THE INFORMATION BELOW**

| | |
|---|---------|
| Project Address: | APN# |
| Owner Name: | Phone: |
| Owner Signature: (Must be authorized to sign for owner) | Cell: |
| Mailing Address: | Fax: |
| City/State/Zip | E-Mail: |

| |
|-------------------------------------|
| Detailed description of Dedication: |
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Is there any existing facility(ies) in the easement area? Yes ☐ No ☐Will you be relocating facility(ies) currently existing within the easement to be dedicated? Yes ☐ No ☐Is there any existing easement(s) overlapping the proposed easement area to be dedicated? Yes ☐ No ☐

If the answer is yes to the above question, please provide copy of recorded document(s) and Subordination Letters or Joint Use Agreement from all easement holders.

Is there any existing encroachment(s) over the proposed easement area? Yes ☐ No ☐

If the answer is yes to the above question, please provide encroachment agreement.

Is this dedication associated with a project? Yes ☐ No ☐ List Project File No: Project Plan No:

Use back of the application or attach additional sheets if needed.

ENGINEER/SURVEYOR INFORMATION IS REQUIRED-PLEASE COMPLETE

| | |
|---|---------|
| Applicant(If different from owner) | Phone: |
| Applicant Signature: (Must be authorized to sign for owner) | Cell: |
| Mailing Address: | Fax: |
| City/State/Zip | E-Mail: |
| Surveyor/Engineer/Company: | Phone: |
| Contact(If different from above) | Cell: |
| Mailing Address: | Fax: |
| City/State/Zip | E-Mail: |

Submittal Check List:

- | | |
|--|--|
| <input type="checkbox"/> Easement dedication application | <input type="checkbox"/> Preliminary Title Report |
| <input type="checkbox"/> Assessor's Map | <input type="checkbox"/> Supporting Deeds/Reference Maps |
| <input type="checkbox"/> Traverse closure | <input type="checkbox"/> Grant Deed with plat (Exhibit B) and legal(Exhibit A), 3 Copies |
| <input type="checkbox"/> Conditions of Approval | <input type="checkbox"/> Signature Authority |
| <input type="checkbox"/> Joint use agreement (If applicable) | |

| | | | |
|---|-----------------|---------------|------------------------|
| FEE \$ | Received By: | Plan Checker: | Permit No. EASD |
| Paid <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Submitted: | | |

NOTE: The legal owner(s) of the parcel involved will be responsible for the accuracy of all information submitted in connection with this application. By accepting the application, the City of Oceanside, its officers, boards, commissioners, employees, agents and representatives, make no warranties, expressed or implied, that the application for easement dedication will be approved. **The review fees are non-refundable.**

Incomplete submittal will not be reviewed and will be sent back to the applicant.