

CITY OF OCEANSIDE
PETITION REQUESTING ACCESS TO RIGHT -OF-WAY
REVERSING RELINQUISHMENT OF RIGHT-OF-WAY ACCESS

Applicant/Owner: _____

Mailing Address: _____

Project Address: _____

Phone No. _____ Fax: _____ E-mail _____

Engineer/Contact _____ Company name: _____

Phone No. _____ Fax: _____ E-mail _____

- A. Indicate the name and width of the right-of-way of the street that you are requiring or relinquishing access to.
- B. Indicate how the access was previously relinquished and provide a copy of the instrument with your submittal.
- C. Please state why you feel the City should permit the access to the above right-of-way and reverse the access relinquishment.
- D. Is there any tentative map or development plan approved that permits a drive access in this area? Please indicate the commission meeting date and resolution number. List related Tentative Map, Development Plan, Project File and Plan numbers.
- E. Are there any existing improvements in the area? ☐ Yes ☐ No
If yes, will you be relocating existing facilities? ☐ Yes ☐ No

Submit the following items with your application:

- 1- A plat map of the proposed access/relinquishment area. The plat map must be 8.5" x 11", to scale, wet stamped by a licensed Civil Engineer and marked Exhibit "A". Map should include north arrow, vicinity map, street names, reference to parcel/lot number, map numbers, etc.
- 2- Copy of the most recent assessors map book page(s) covering the entire site and adjoining properties.
- 3- Preliminary title report showing the present ownership
- 4- Copies of all supporting documents that are referenced in the exhibit "A" such as, any Final Map, Parcel Map, Record of Survey, Deed, Easements, Etc. and copy of approved tentative map and resolution.
- 5- It is important that the applicant, or his authorized agent, be present during the City Council's consideration of the request and any required public hearings. Failure to attend may result in delay or denial of the request. Our office will notify you when such considerations or hearings are scheduled.

Applicant Signature: _____

Print name and title: _____

(Must be authorized to sign for the requesting party)