



ENGINEERING DEPARTMENT

**EASEMENT - DEDICATION SUBMITTAL
APPLICATION AND CHECKLIST**

130 SOUTH MAIN STREET, LAKE ELSINORE, CA 92530
P: 951-674-3124 / F: 951-471-1261

For Staff Use	
Received	
By:	_____
Date:	_____

Fill in the following information and submit with the requested documents and fees to initiate Plan Check . Incomplete submittals will not be processed for plan check.

PROJECT DETAILS

**SITE ADDRESS or CROSS
STREETS:** _____

PARCEL / TRACT MAP NO.: _____

ASSESSOR'S PARCEL NO(S): _____

APPLICANT: (If different from
owner or engineer) _____

MAILING ADDRESS/CITY/ZIP: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

**ENGINEER / LAND
SURVEYOR** _____

COMPANY: _____

MAILING ADDRESS/CITY/ZIP: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

OWNER / DEVELOPER: (If
different from applicant) _____

MAILING ADDRESS/CITY/ZIP: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

SUBMITTAL REQUIREMENTS

_____ Completed Application

_____ (2) Copies of legal description- 8 1/2" x 11"

_____ (2) Copies of plat exhibit- 8 1/2" x 11"

_____ (2) Copies of closure calculations

_____ (1) Copy preliminary title report (issued w/in last 6 months)

_____ (1) Copy vesting deeds for each parcel/lot

_____ (1) Copy partnership certificate(s) and signature authorizations

_____ (1) Copy reference maps, documents, exhibits, etc. as applicable.

_____ **Plan review fees.** City ordinances provide for fees collection on a cost recover basis. Excessive plan checks will result in additional fees.