

**EL DORADO COUNTY SURVEYOR
SUBDIVISION MAP SUBMITTAL PACKAGE LIST**

TM # _____

- | | |
|--|--|
| <input type="checkbox"/> Map Check Minimum Deposit: see FEE SCHEDULE first 20 hrs - \$135/hr after | <input type="checkbox"/> Invoices to: _____ |
| <input type="checkbox"/> 2 Paper Copies and PDF of draft map | Address: _____ |
| <input type="checkbox"/> Closures w/ % error of Entire Boundary | City/State/Zip: _____ |
| <input type="checkbox"/> Closures w/ % error of each Proposed Lot | Email: _____ |
| <input type="checkbox"/> 11" x 17" copy of Assessors Map and adjoining Assessors Maps, if needed | <input type="checkbox"/> Contact Information for Title Company: |
| <input type="checkbox"/> Full size or reduced to minimum of 11"x17" copy of all recorded or unrecorded maps or exhibits referenced and full size copies of all documents referenced on the map | Title Co: _____ |
| <input type="checkbox"/> Adjoining maps, if adjoining properties have recorded maps | Contact Name: _____ |
| <input type="checkbox"/> Adjoining grant deeds, if adjoining properties are not referenced by a recorded map | Phone #: _____ |
| <input type="checkbox"/> Current Preliminary Title Report (less than 90 days old) | |
| <input type="checkbox"/> Copies of Vesting Deeds | |
| <input type="checkbox"/> Legible copies of all easements referenced in the Title Report Exceptions | |
| <input type="checkbox"/> Approved Conditions & Exhibit | |
| <input type="checkbox"/> Contact Info for Consultant completing Conditions & Approvals | |
| | <i>Consultant Name:</i> _____ <i>Phone #:</i> _____ |
| | <i>Consultant Address:</i> _____ |
| | <i>Consultant Email:</i> _____ |

Note: All items must be submitted with this checklist to be placed in line for map checking. All costs associated with researching and producing copies of missing items will be charged to the Surveyor of Record.

Submitted by: _____ on date of _____

Surveyor: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email #: _____