

## **SUBMITTAL PROCEDURE FOR EASEMENT**

Submit the following to the City of Pomona Public Works Department, Engineering counter:

- (a) A letter explaining the need for the easement; email submittal is recommended. (Include: name, address and phone number of applicant and present owner) Mention whether it is one of the stated conditions of a Conditional Use Permit, Building Permit or Planning Commission Resolution (cite condition number and resolution number). Also state WHO is requiring this easement and WHY.
- (b) The plan check and processing fee is \$1,141.91/ easement.
- (c) One (1) e-copy each of (i) current Grant Deed and (ii) current Title Report (no older than 90 days), to show proof of ownership.
- (d) One (1) e-copy of the legal description. (EXHIBIT A). (Signed and land surveyor stamped).
- (e) One (1) e-copy of map (8-1/2" x 11") (EXHIBIT B) (Signed and land surveyor stamped).
- (f) Filled out SUBMITTAL INFORMATION SHEET; email submittal is recommended.

**NOTE: Neither an Easement submittal, nor a payment for processing an Easement can be received or receipted until ALL of the above documents and information have been submitted.**

Revised 03/2006 trl  
Revised 03/2016 cb  
Revised 06/2016 cb  
Revised 06/2017 cb  
Revised 09/2018 mg  
Revised 10/2018 cb  
Revised 05/2019 cb

# SUBMITTAL INFORMATION SHEET

PLEASE FILL IN THIS INFORMATION SO WE MAY QUICKLY REFERENCE YOUR PROJECT.

**LOCATION OF PROJECT:** \_\_\_\_\_

APPLICANT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

OWNER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ENGINEER/CONSULTANT: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

APN NO: \_\_\_\_\_

TRACT MAP, PARCEL MAP, LOT LINE ADJUSTMENT, LOT MERGER NO: \_\_\_\_\_

GRANT DEED NO: \_\_\_\_\_ DATE FILED: \_\_\_\_\_

PLANNING RESOLUTION NO: \_\_\_\_\_ DATE: \_\_\_\_\_

CITYATLAS NO: \_\_\_\_\_