

Receipt# _____

SURVEY MAP CHECKLIST
Clackamas County Surveyor's Office

Project# _____

SURVEYOR: _____

JOB# _____

LOCATION: _____

DATE SUBMITTED: _____

IS THIS A SUBDIVISION PLAT OUTBOUNDS SURVEY? **YES / NO (circle one)** (Title Report/deeds recd?)... **YES / NO (circle one)**

PLAT NAME (IF APPLICABLE): _____

Source of Requirement	Requirement Description	Compliance		
		yes	no	n/a
ORS 209.250(2)	<u>NARRATIVES SHALL:</u>			
	1. Explain purpose of survey	_____	_____	_____
	2. Explain how boundary or other lines were established/re-established	_____	_____	_____
	3. State which deed records, deed elements, survey records, found monuments, plat records, road records, or any other pertinent data were controlling.	_____	_____	_____
	(NOTE: SEPARATE NARRATIVES SHALL ALSO CONFORM TO ITEMS 1 THRU 11 OF MAP REQUIREMENTS LISTED BELOW.)			
	<u>SURVEY MAPS SHALL:</u>			
ORS 209.250(2)	1. Be referenced to separate narrative (if applicable)	_____	_____	_____
209.250(2)/CoSurv	2. Be of permanent nature, stable base reproducible material (min. 4-mil mylar [double matte])	_____	_____	_____
209.250(2)	3. Be in size required by Co. Surveyor (18x24 with 1/2" margin).....	_____	_____	_____
County Surveyor	4. Survey Index Box in upper right corner?.....	_____	_____	XXX
County Surveyor	5. Signature on Media Certificate?	_____	_____	_____
County Surveyor	6. Have each sheet numbered if survey has more than one sheet.....	_____	_____	_____
Tri-Cnty Standards	7. All lettering, including surveyor's business name and address, shall be no smaller than CL-80 (0.08") for upper case and CL-100 (0.1") for lower case letters.	_____	_____	_____
ORS 209.250(2)	8. Be capable of being reproduced legibly on microfilm	_____	_____	_____
ORS 209.070(2) 9.	Show name of party (or owner of record) for whom survey was conducted	_____	_____	_____
209.250(3)(a)	10. Show location of survey (on each sheet):			
	* by 1/4 section, township, and range.....	_____	_____	_____
	* consistent with narrative	_____	_____	_____
	* consistent with visual index	_____	_____	_____
	* consistent within itself	_____	_____	_____
ORS 209.250(3)(b)	11. State the date of survey (mo/ day /yr first monument set per OACES standards).....	_____	_____	_____
209.250(1)	* was map submitted within 45 days?.....	_____	_____	_____
ORS 209.250(2)(b) * if narrative is separate, date of survey must be on narrative page also.....	_____	_____	_____
209.250(3)(g).	12. Have surveyor's seal and original (wet) signature on each sheet, plus license expiration date.....	_____	_____	_____
209.250(3)(h)	13. Have surveyor's business name and address (no stick-ons) on each sheet.....	_____	_____	_____
Planning Dept	14. Property Line Adjustments ONLY - survey map approved/signed by Planning (<i>If Applicable</i>).....	_____	_____	_____
ORS 209.250(3)(c)	15. Show scale of drawing and North Arrow	_____	_____	_____
ORS 209.250(3)(d)	16. Show:			
	* distance and course of all lines traced or established	_____	_____	_____
	* basis of bearings (identify the line & monuments and the astronomic observation or reference document used).....	_____	_____	_____
	* measured distance and course to a monumented section corner, 1/4 corner, 1/16 corner, DLC corner, or to a monumented lot corner of recorded condominium or subdivision (Co. Surveyor requires a current description of monument and bearing tree or other suitable reference)	_____	_____	_____
ORS 209.250(3)(e)	17. Show:			
	all measured bearings or angles & distances used in establishing or re-establishing lines or monuments	_____	_____	_____
	all record bearings or angles & distances used in re-establishing lines or monuments together with the recording information.....	_____	_____	_____
ORS 209.250(3)(f)	18. Show:			
	* all monuments set and their relation to older monuments found.....	_____	_____	_____
	* detailed description of found monuments (type, diameter, color of & ID on cap, etc.).....	_____	_____	_____
	* detailed description of monuments set (type, diameter, color of & ID on cap, etc.).....	_____	_____	_____
County Surveyor	19. Show minimum curve data (delta, radius, arc length).....	_____	_____	_____
County Surveyor	20. Show name and R/W width of every all streets; give County Road# if applicable	_____	_____	_____
Tri-Cnty Standards	21. Meet other requirements of Tri-County Standards	_____	_____	_____
County Surveyor	22. CLOSE MATHEMATICALLY	_____	_____	_____

SEE SURVEY MAP CHECK PRINT FOR OTHER COMMENTS NEEDING TO BE ADDRESSED

SURVEY MAPS THAT DO NOT COMPLY WITH ORS 209.250(1)(2)(3) WILL BE RETURNED FOR CORRECTION AND CORRECTED MAP MUST BE RETURNED TO COUNTY SURVEYOR WITHIN 30 DAYS AS PER ORS 209.250(4)(b).

NOTE: NOTHING IN THESE CHECKING PROCEDURES IS INTENDED TO RELIEVE THE FILING SURVEYOR OF HIS/HER PROFESSIONAL RESPONSIBILITIES OR LIABILITIES.

REVIEW DATE: _____ REVIEWED BY: _____

COMMENTS: _____

Please contact the County Surveyor's Office at (503) 742-4475 (FAX (503-742-4481) if you have questions regarding this form.