To request translation or disability-related accommodations, please contact us at **DTDcompliance@clackamas.us** | **503-742-4400**.

Si quiere solicitar servicios de traducción o adaptaciones para la discapacidad, contáctenos en/al **DTDcompliance@clackamas.us** | **503-742-4400**.

Чтобы запросить перевод или приспособления, связанные с инвалидностью, пожалуйста, свяжитесь с нами по:
DTDcompliance@clackamas.us | **503-742-4400**.

Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними:
DTDcompliance@clackamas.us | **503-742-4400**.

如需翻译服务或残障相关的协助，请与我们联系：
DTDcompliance@clackamas.us | **503-742-4400**。

Để yêu cầu dịch vụ dịch thuật hoặc điều chỉnh liên quan đến tình trạng khuyết tật, vui lòng liên hệ với chúng tôi qua **DTDcompliance@clackamas.us** | **503-742-4400.**

Clackamas County
www.clackamas.us

SURVEY MAP CHECKLIST

Clackamas County Surveyor's Office

Receipt#_____ Project#_____

SN#_____ **SURVEYOR:**_____ **JOB#**_____

LOCATION:_____ ***DATE SUBMITTED:***_____

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

PLAT NAME (IF APPLICABLE):_____

Source of Requirement	Requirement Description	Compliance yes	no	n/a
ORS 209.250(2)	*NARRATIVES SHALL:*			
	1. Explain purpose of survey	____	____	.. ____
	2. Explain how boundary or other lines were established/re-established	____	____	.. ____
	3. State which applicable 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.)			
	SURVEY MAPS SHALL:			
ORS 209.250(2)	1. Be referenced to separate narrative (if applicable)	____	____	____
ORS 209.250(2)/CoSurv	2. Be of permanent nature, stable base reproducible material (min. 4-mil mylar **[double matte]**)	____	____	.. ____
ORS 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. Have each sheet numbered if survey has more than one sheet	____	____	.. ____
Tri-County Standards	6. 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)	7. Be capable of being reproduced legibly on microfilm	____	____	.. ____
ORS 209.070(2)	8. Show name of party (or owner of record) for whom survey was conducted	____	____	.. ____
ORS 209.250(3)(a)	9. 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)	10. State the date of survey (mo/**day**/yr first monument set per OACES standards)	____	____	.. ____
ORS 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	____	____	.. ____
ORS 209.250(3)(g).	11. Have signed surveyor's seal and original (wet) signature on each sheet, plus license expiration date	____	____	.. ____
ORS 209.250(3)(h)	12. Have surveyor's business name and address (no stick-ons) on each sheet	____	____	.. ____
Planning	13. Property Line Adjustments ONLY **-** survey map approved/signed by Planning, w/deeds noted on Survey *(If Applicable)*	____	____	.. ____
ORS 209.250(3)(c)	14. Show scale of drawing and North Arrow	____	____	.. ____
ORS 209.250(3)(d)	15. Show:			
	* distance and course of all lines traced or established (no line tables)	____	____	.. ____
	* 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 or parcel corner of recorded partition, condominium or subdivision (Co. Surveyor requires a current description of monument and bearing tree or other suitable reference)	____	____	.. ____
ORS 209.250(3)(e)	16. 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 documents	____	____	.. ____
ORS 209.250(3)(f) & 92.050(5)	17. 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.)	____	____	.. ____
ORS 92.050(8)	18. Show minimum curve data (delta, radius, arc length, chord length, chord bearing)	____	____	.. ____
County Surveyor	19. Show name and R/W width of every all streets; give County Road# if applicable	____	____	.. ____
Tri-County Standards	20. Meet other requirements of Tri-County Standards	____	____	.. ____
County Surveyor	21. **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 if you have questions regarding this form.