CORNER RECORD
County of San Luis Obispo
Department of Public Works
CORNER RECORD CHECK SHEET

First Check ____________ Checking Fee $ ____________ CR ____________ Date ____________
Recheck __________________________
Surveyor/Engineer __________________________
Checked by: __________________________

Circle indicates deficiency (O); Check indicates no deficiency (√)

BACK-UP DATA:
____ 2 Check Prints
____ Closure Calculations
____ Other: __________________________

MAP:
____ Found Monuments and Symbol (Recommend Solid)
____ Set Monuments and Symbol (Recommend Open)
____ Symbols and Non-Standard Abbreviations Defined
____ Legibility of Map Data / Map Orientation
____ North Arrow
____ Graphic Scale
____ Relationship to Adjacent Tracts or Other Maps of Record When Contiguous
____ Ties to Adjacent Lines of Record
____ Street Names and Widths Shown
____ Reference for All Found Monuments and Acceptance of Non-Record Monuments
____ Reference to Deeds or Other Official Records if Necessary, for the Establishment of Lines or Points
____ Record Data Shown When Beneficial to the Interpretation of Lines or Points
______ Bearings ________ Curve Data
______ Distances
______ Other: __________________________
______ Detail Required for Clarity
______ Arrows Needed to Clarify Dimensions
______ Monuments Tagged
______ Durable Monuments
______ Other: __________________________

MEASURED DATA:
____ Map Loop Closures, 1:5000 or better
____ All Bearings Shown
____ All Distances Shown
____ All Overall Bearings Shown
____ All Overall Distances Shown
____ Sum of Parts Equals Total Distance or Delta
____ Prorations and Other Adjustments Correct
____ All Curve Data Shown (Delta, Radius, Arc Length)
____ All Radial Bearings Shown Where Required
____ Non-Tangent Curves Noted
____ All Areas Shown

PAGE ONE ITEMS:
____ Corner Type
____ P.L.S. Act Reference
____ Corner/Monument Section Completed
____ Narrative
____ Surveyor’s Statement Signed, Stamped, and Dated

SURVEY PROCEDURES:
(Items Subject To “County Surveyor’s Comment”)
____ Sectional Breakdowns Correct
____ Survey Based Upon Proper Control
____ Methods of Establishment of Lines or Points Shown
____ Other: __________________________

REMARKS:

____________________________

To the Surveyor/Engineer: The subject Corner Record should be corrected as indicated on the above checklist and/or check print and returned to this office with the corrected (original) prints. Please reference the corner record number on your re-submittal.

By: __________________________

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