

BUILDING DEPARTMENT

<u>CHECKLIST FOR PLOT PLANS</u> (Submit 4 Originals) <u>Minimum size 24''x36''</u>

Section, Lot, Block	:		_ Zone:
Owner(s):			
Site Address:			
City:	State:	Zip code: _	

1. Property Tax I.D. (section, block and lot) number, zone and owner(s)
2. Filed Map reference including name of Subdivision
3. Metes and bounds of all property lines and widths of Right of Way
4. Existing dwelling and/or proposed dwelling (and/or additions) including
5. Existing and proposed topography. Provide elevations of building corners YES NO N/A
6. Finish floor elevations, first, basement and/or garage elevations
7. Additional spot grades along the grading limit line, to define swales at all
8. Show swale locations. Swales to have a minimum of one (1) foot below
9. Driveway location, material and slope

10. Pertinent utilities to be shown including: house sewer locationand cleanouts: house water connections.	YES NO N/A
11. Provide Bulk Zoning Table with; Required, Existing andProposed Requirements.	YESNON/A
12. Show Building Envelopes	YES NO N/A
13. Development Coverage, show existing and proposed coverageswith breakdown of calculations.	YESNON/A
14. Floor Area Ratio (show on bulk table) Submit to Building Departmentnecessary support plans and calculations.	- YES NO N/A
15. Soil Erosion and Sediment Control (SESC) measures including	
16. Tree Removals and clearing limit line, provide number of trees tobe removed with size and species.	YES NO N/A
17. Limit of Disturbance line clearly delineated	YES NO N/A
18. Provide drainage design and analysis for increase in runoff	
19. Footing drains locations and elevations	YES NO N/A
20. At time of the completion the applicant shall submit an "As-Built" of site improvements prepared by a Licensed Professional Land Surveyor showing dwelling location and offsets, bulk requirements, utility locations, drainage and all other information to provide for a complete review of the construction for closeout. Required as part of Certificate of Occupancy review.	YES NO N/A

To the best of my knowledge the information contained is complete and correct.

Signature:	Phone:
Print Name:	Email:
Date:	Fax: