

TOWN OF CLINTON

MAJOR SUBDIVISION / PRELIMINARY PLAT SITE PLAN CHECK LIST:

Application # _____ Name of Applicant _____

Date Filed: _____ Zone District _____

Location (street) _____

Tax Map Sheet _____ Block _____ Lots _____ #of Lots _____

Map Reference Title _____ Date _____

Date by which Board must act _____

PLAN DETAILS:

<u>Yes</u>	<u>No</u>	<u>N/A</u>	
()	()	()	File fee adequate
()	()	()	Application form complete
()	()	()	15 prints submitted
()	()	()	Drawn and sealed by NJ P.E. and L.S.
()	()	()	Key Map
()	()	()	Filing fee to County Health Dept.
()	()	()	Identity
			() Tract Name
			() Tax map Sheet, Block & Lot numbers
			() Date
			() Reference meridian
			() Graphic Scale
()	()	()	Name & address of subdivider
()	()	()	Name, address, license # & Professional seal of person preparing plat
()	()	()	Name & address of owner & agent
()	()	()	Certification of ownership
()	()	()	Names of property owners within 200'
()	()	()	Ccertification that taxes are paid
()	()	()	Copies of covenants & deed restrictions
()	()	()	Lot Data
			() Acreage to nearest tenth
			() Lot dimensions
			() Lot area in square feet within maximum allowable distance of street
()	()	()	Grading Plan
()	()	()	Applicant to provide post office with lot layout for house numbering
()	()	()	Topography of property; 2 ft. interval for slopes 10% or greater, 2 ft. interval for slopes less than 10% U.S.C. & G.S. data
()	()	()	Location of:
			Existing Proposed
	()	()	Property lines
	()	()	street
	()	()	buildings
	()	()	watercourses
	()	()	railroads
	()	()	bridges

culverts
 drain pipes
 wooded areas, large trees
 rock formations

Plan, centerline, profiles & cross sections
 Streets, including existing & future
 Water mains
 Sanitary sewers
 Storm drains
 Drainage ditches & streams

Location, sizes, elevations, grades & capacities of existing sanitary sewer, storm drain, drainage ditch or stream to which proposed facility is to be connected.

Percolation Test results

Preliminary Grading results

Drainage map and calculations

Soil Erosion Sediment Control Plan

Environmental Impact Statement

OFF TRACT IMPROVEMENTS:

Street pavement

Drainage Facilities

Curbs

Sidewalks

Water supply, fire hydrants & alarm boxes

Sanitary sewers

Topsoil Protection

Monuments

Shade Trees

Street Signs

Driveways

Underground utilities

Street lights

OFF TRACT IMPROVEMENTS (X) Contribution Required
 Specify:

DESIGN STANDARDS:

Development pattern acceptable

Conforms to Master Plan & Official Map

- () () () Street design & arrangement acceptable
 - () Arrangement
 - () Right-of-way
 - () Pavement width
 - () Grades
 - () Intersection angle
 - () Tangents
 - () Centerline offset
 - () Street line deflection
 - () Cul-de-sac length
- () () () Block length and width
- () () () Lot Layout
 - () Dimensions
 - () Area
 - () Frontage
 - () Width
 - () Side Lines
 - () Suitability
- () () () Natural features preserved
- () () () Percolation tests acceptable

REFERRALS REQUIRED:

By Board	By Applicant	
()	()	County Planning Board
()	()	Soil Conservation
()	()	Department of Environmental Protection
()	()	Division of State & Regional Planning
()	()	Tax Assessor
()	()	Administrator of Public Works
()	()	Board of Health
()	()	Board of Education
()	()	Building Official
()	()	Shade Tree Commission
()	()	Police Department
()	()	Fire Inspector
()	()	Environmental Commission
()	()	Town Engineer
()	()	Planning Consultant
()	()	Board Attorney
()	()	Tax Collector
()	()	_____
()	()	_____

PLANNING BOARD ACTION:

- () Application incomplete - Return to applicant
- () Approve
- () Deny
- () Other comments:

Prepared by: _____

Applicant: _____