

SITE PLAN FIRST GLANCE REVIEW

PROJECT NAME: _____ DATE: _____

FINAL DETERMINATION FOR ROUTING	YES NO
BY _____	

VDOT		INITIAL _____	
<input type="checkbox"/>	Pre-Construction Checklist	ROUTE	YES
<input type="checkbox"/>	Site Construction Checklist		NO

FIRE		INITIAL _____	
<input type="checkbox"/>	IFC calcs	ROUTE	YES
			NO

UTILITIES		INITIAL _____	
<input type="checkbox"/>	Water & Sewer Profiles	ROUTE	YES
<input type="checkbox"/>	Location of W & S Lines on Plan		NO

ENVIRONMENTAL ENGINEERING		INITIAL _____	
<input type="checkbox"/>	CBPA Note	ROUTE	YES
<input type="checkbox"/>	E & S plan		NO
<input type="checkbox"/>	Drainage Area Map		
<input type="checkbox"/>	Data Map for Drainage Area, RPA, RMA/CHES BAY		
<input type="checkbox"/>	Calcs for all Drainage		
<input type="checkbox"/>	Profiles all Storm Sewer System/Channels		
<input type="checkbox"/>	Exist & Proposed Grading		

PLANNING		INITIAL _____	
<input type="checkbox"/>	Correct Geography for IMT (Info Mgt Team)	ROUTE	YES
<input type="checkbox"/>	AutoCAD File-State Plane NAD83 – REQUESTED Y/N		NO
<input type="checkbox"/>	Correct GPIN (Plans & Application)		
<input type="checkbox"/>	Name of Project (Different from others BUT same on application & plans)		
<input type="checkbox"/>	Name of applicant		
<input type="checkbox"/>	Name & Contact of Consultant		
<input type="checkbox"/>	Location Map (Correct & Clear)		
<input type="checkbox"/>	Zoning of Adjacent Properties		
<input type="checkbox"/>	Zoning, Cases, Development Districts		
<input type="checkbox"/>	Existing & Proposed Uses		
<input type="checkbox"/>	Parking calcs		
<input type="checkbox"/>	Is this project associated with an existing development? Y/N: If Yes # _____		
<input type="checkbox"/>	Circle development type: Business Park, Free Standing, Industry, Non-Building, Office Park, Shopping Center, or Mixed-Use		