

TOWN OF CLINTON FINAL 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:

Yes **No** **N/A**

- () () () File fee adequate
- () () () Application form complete
- () () () 15 prints submitted
- () () () Drawn and sealed by NJ P.E. and L.S.
- () () () Scale: Not less than 1" = 100'
- () () () Area of Lot
- () () () Lot line dimensions
- () () () Location of:
 - () Existing & proposed buildings
 - () Building setback, sideline & rear yard distances

- () () () Parking & Loading
 - () Properly dimensioned
 - () Parking Space Size
 - () Aisle Width
 - () Direction of traffic flow
 - () Entrance- exit arrangement
 - () Loading areas, with dimensions
 - () Distances from streets, buildings & property lines

- () () () Final contours for new buildings, parking areas on the property and 100 feet beyond, at 2-foot intervals

- () () () Final Elevations
 - () Corners of buildings
 - () Corners of Paved Areas
- () () () Final building floor plans and elevation drawings
- () () () Paving & curbing specifications
- () () () Location of structures within 100 feet
- () () () Location of:
 - Existing Proposed
 - () () Streams & brooks
 - () () Storm drainage systems
 - () () Wells

Existing	Proposed	
<input type="checkbox"/>	<input type="checkbox"/>	Sanitary disposal systems
<input type="checkbox"/>	<input type="checkbox"/>	Water Mains
<input type="checkbox"/>	<input type="checkbox"/>	Sanitary sewers
<input type="checkbox"/>	<input type="checkbox"/>	Fences, walls, sidewalks, screening

<u>Yes</u>	<u>No</u>	<u>N/A</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Detailed landscaping plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Present status & contemplated use of existing buildings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location & description of signs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location & description of lighting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil Erosion & Sediment Control Plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drainage area map & calculations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regulated Use Permit (Flood Plain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conforms to Preliminary Site Plan

IMPROVEMENTS & GUARANTEES

<u>Yes</u>	<u>No</u>	<u>N/A</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required improvements installed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Performance Guarantee for other improvements submitted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Off-tract improvements contribution made
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Town Engineer's approval of improvements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developers agreement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance Guarantee

REFERRALS REQUIRED

<u>By Board</u>	<u>By Applicant</u>	
<input type="checkbox"/>	<input type="checkbox"/>	County Planning Board
<input type="checkbox"/>	<input type="checkbox"/>	Soil Conservation Service
<input type="checkbox"/>	<input type="checkbox"/>	Dept. of Environmental protection
<input type="checkbox"/>	<input type="checkbox"/>	Dept. of Transportation
<input type="checkbox"/>	<input type="checkbox"/>	Division of State & Regional Planning
<input type="checkbox"/>	<input type="checkbox"/>	Tax Assessor
<input type="checkbox"/>	<input type="checkbox"/>	Administrator of Public Works
<input type="checkbox"/>	<input type="checkbox"/>	Board of Health
<input type="checkbox"/>	<input type="checkbox"/>	Board of Adjustment
<input type="checkbox"/>	<input type="checkbox"/>	Board of Education
<input type="checkbox"/>	<input type="checkbox"/>	Building Official
<input type="checkbox"/>	<input type="checkbox"/>	Shade Tree Commission
<input type="checkbox"/>	<input type="checkbox"/>	Police Department
<input type="checkbox"/>	<input type="checkbox"/>	Fire Inspector
<input type="checkbox"/>	<input type="checkbox"/>	Environmental Commission
<input type="checkbox"/>	<input type="checkbox"/>	Town Engineer
<input type="checkbox"/>	<input type="checkbox"/>	Planning Consultant
<input type="checkbox"/>	<input type="checkbox"/>	Board Attorney

REFERRALS REQUIRED

By Board **By Applicant**

() () Tax Collector
() () _____

PLANNING BOARD ACTION

- () Application incomplete- return to applicant
- () Approve
- () Deny
- () Other Comments _____
- _____
- _____
- _____

Prepared by: _____

Applicant: _____