STATE HIGHWAY ADMINISTRATION
ENGINEERING ACCESS PERMITS DIVISION
SUBMITTAL CHECKLIST

Please note that this form must be completed and submitted with each Site Plan, Preliminary Plat, Development Plan and State Road Access Plan submittal. If an item is not applicable, please enter N/A.

CONTACT INFORMATION:

Consultant/Engineer/Surveyor: ___________________ Contact Person: ________________

Phone Number: ___________________ E-Mail: ________________________

DEVELOPMENT/PROJECT INFORMATION:

Project Name: ________________________

Project Location and Address: ______________________

Parcel Reference: Tax Map _____ Grid _________ Parcel # __________

Developer/Applicant’s Company Name: ______________________

Applicant’s Contact Name: ________________ Phone # ________________

Property Owner’s Address: ________________ Phone # ________________

SUBMITTAL REQUIREMENTS (mark inc. for included and N/A for not applicable)

_____ Two (2) copies of the site plan/preliminary plat/development plan

_____ Four (4) copies of the state road access/improvement plan

_____ Two (2) copies of the stormwater management plan or drainage computations

_____ Two (2) copies of the state road sight distance evaluation worksheet

_____ Other items as follows: _____________________________________________