

## DIVISION OF PLAN REVIEW & PERMITTING

CONSULTANT/SURVEYOR:	CONTACT PERSON:
PROJECT NAME:	
TAX ACCOUNT ID # (Required)	

## **Simplified Plat Checklist**

(These are the minimum requirements; additional information may be required.)

INSTRUCTIONS TO ENGINEER/SURVEYOR: In the column identified as "Engineer/Surveyor", mark whether the item is included ( $\sqrt{}$ ) or not applicable (N/A) and the page number(s) of the plat where it is located.

Section	Ordinance Requirements	Engineer/ Surveyor 1st Review	Engineer/ Surveyor 2 <sup>nd</sup> Review	Staff 1st Review	Staff 2nd Review	Review Key:  √ - OK  I - Incomplete  N/A - Not Applicable  U - Unacceptable  ENTER ENGINEERS AND  STAFF COMMENTS IN  THIS COLUMN
314.3	Location by tax map, grid, parcel numbers, election district, town, place, other					
318.2.A	Vicinity plan at scale of 1:2,000 that shows existing/mapped streets and municipal boundaries w/in 1,000 feet of subdivision					
318.2.B	Boundaries and acreage, before and after subdivision, of tract of land from which the parcel(s) are proposed to be subdivided from and/or added to					
318.2.B	Frontage and point of access for remaining land should be clearly shown on plat					
318.2.C	Name and address of owner of land to be subdivided and name and address of the property owner to receive the subdivided parcel(s), if different from that of owner					
318.2.D	Scale shown graphically and numerically					
318.2.D 318.2.D	North point Date					
318.2.E	Bearings and length of every lot and boundary line. Dimensions given as total dimensions, corner-to-corner, and shown in feet and hundredths of a foot. NO ditto marks					
318.2.F	Tract boundary lines, right of way lines of streets, easements, and other rights of way					
318.2.G	Owners of adjoining land				$\perp$	
318.2.H	All existing improvements, including health facilities, located w/in the boundaries of the subdivision, and off-site improvements located w/in 100 feet of the boundaries of subdivision					

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Section	Ordinance Requirements	ENGINEER/ SURVEYOR 1ST REVIEW	ENGINEER/ SURVEYOR 2ND REVIEW	STAFF 1ST REVIEW	STAFF 2ND REVIEW	REVIEW KEY:  √-OK  I-INCOMPLETE N/A-NOT APPLICABLE U-UNACCEPTABLE  ENTER ENGINEERS AND STAFF COMMENTS IN THIS COLUMN
318.2.I	adjacent property owners, all descriptive lines being vacated shall be shown as thin dotted/dashed lines w/ the new property lines					
318.2.J	being indicated by a solid line  Within the parcel to be conveyed, the boundaries of the 100-year floodplain and its community panel number					
318.2.J	Limits of the habitat of any threatened or endangered species					
318.2.J	Stream buffers as recommended by the Soil Conservation District according to the standards contained in Section 409					
318.2.J	Any area which meets the definition of steep slope contained in Section 202.54					
318.2.J	List soil types and percentages of each type that are located on parcels to be conveyed outside of the urban growth area					
318.3.L	Note stating: "NOT FOR DEVELOPMENT" as noted in the simplified plat Owner's Statement, as well as labeled on plat					
307.1.E	Subdivision file number					
Planning	Standard sensitive area note					
Dept.						
318.3.A	Owner's statement					
318.3.B	Land surveyor's certificate					
318.3.C	Such other certificates, affidavits, endorsements, or documents as may be required by the Commission in enforcement of this Ordinance					
Zoning Ord. 5D.5	Note stating that new construction is subject to HDC approval for lots located in <b>rural village</b>					
D1 :	with historic designation	-	_	-		
Planning Dept.	Zoning and setbacks shown in accordance to the Zoning Ordinance					
Planning Dept.	Any variance or modifications to plat (determined by BOZ appeals, P.C, etc.) referenced in a note					
Planning Dept.	All other information required by Section 318 of Subdivision Ordinance					

Additional Staff Comments:	
Additional Engineer/Surveyor Com	ments:
INSTRUCTIONS TO ENGINEER/	SURVEYOR: This checklist will be used to review your
	reviewed, planning staff will return this form to you so
	comments have been completed, return this form along with
the appropriate number of revision	s to the planning staff.
	STATEMENT
I (consultant/surveyor) conclude that	at this checklist is completed and the information provided is
correct.	
Signature:	Date: