



Final Plat Checklist – Residential

Name of Project: _____

Location: _____ Nearest Intersection: _____

Zoning District: _____ Size of Development: _____ Acre(s) Land Lot Number(s): _____ District(s): _____

Name of Applicant/Project Manager: _____ Phone: _____

Address Applicant: _____ Fax: _____ Pager/Cell: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Maintenance Bond/Escrow Date Submitted: _____ Checked By: _____

Performance Bond/Escrow Date Submitted: _____ Checked By: _____

Preliminary Plat 1st Date Submitted: _____ 2nd Date Submitted: _____

1st Review: Planning & Zoning: _____ Completed: _____ Returned: _____

2nd Review: Planning & Zoning: _____ Completed: _____ Returned: _____

As-Builts Date Submitted: _____ Returned: _____

Water **Sewer** **Storm**

Public Works: _____ Date Received: _____

Public Works: _____ Date Returned: _____ **Comments**

Community Development Director: _____ Date: _____

Infrastructure Approval

Water Bacteria Test Public Works: _____ Date: _____

Sewer Pressure Test Public Works: _____ Date: _____

Lift Station Wastewater: _____ Date: _____

Road Inspections

Base **Binder** **Topping** **Core Report**

Completion: Public Works: _____ Date: _____

Final Plat Date Submitted: _____ Date Completed: _____

Final Plat Distributed By: _____ Date: _____

Fee Total Amount Paid \$ _____ Cash _____ Check # _____ Received by: _____

Planning & Zoning Manager

Date

