

**CHECKLIST FOR PRELIMINARY PLAT CONSIDERATION**

NAME OF SUBDIVISION: \_\_\_\_\_

LOCATION: \_\_\_\_\_

OWNER OF RECORD: \_\_\_\_\_

Address \_\_\_\_\_ Tel. \_\_\_\_\_

SUBDIVIDER: \_\_\_\_\_

Address \_\_\_\_\_ Tel. \_\_\_\_\_

SURVEYOR: \_\_\_\_\_

Address \_\_\_\_\_ Tel. \_\_\_\_\_

DATE SUBMITTED FOR PRELIMINARY APPROVAL: \_\_\_\_\_

**CHECKLIST:**

- \_\_\_ 3 copies submitted 15 days prior to meeting.
- \_\_\_ Name of Subdivision.
- \_\_\_ Drawn to scale of not less than one inch equals one-hundred feet.
- \_\_\_ Name and address of owner of record, subdivider, and surveyor.
- \_\_\_ North point, graphic scale, and date.
- \_\_\_ Vicinity map showing location and acreage of subdivision.
- \_\_\_ Boundary lines by bearing and distances.
- \_\_\_ Names of adjoining property owners and/or subdivision(s).
- \_\_\_ Location of all existing physical features on land and nearby properties.
- \_\_\_ Names, locations, and dimensions of proposed streets, alleys, easements, parks and reservations, lot lines, etc.
- \_\_\_ Lot numbers.

- \_\_\_\_\_ Plans of proposed utility layouts showing connections to existing or proposed utility systems.
- \_\_\_\_\_ Minimum building front yard setback line.
- \_\_\_\_\_ Cross-section and centerline street profiles at suitable scales as may be required by street superintendent and/or planning commission.
- \_\_\_\_\_ Conforms to general requirements and minimum standards of design.
- \_\_\_\_\_ Preliminary approval for individual septic systems is granted by the Marion County Health Department.