



CSM CHECK LIST

Owner: _____

Date: _____

Zoning: _____

Tax Key Number: _____

General Provisions

	<u>Yes</u>	<u>No</u>
i. Access Control Permit required?	_____	_____
ii. In accordance with the Master Plan?	_____	_____
iii. Is a Re-Zoning needed?	_____	_____
iv. Any outstanding violations?	_____	_____
v. Sufficient access of the Fire Department?	_____	_____
vi. Are traffic, visibility, parking requirements met?	_____	_____
vii. Buffer criteria met?	_____	_____
viii. Percentage of lot coverage met?	_____	_____
ix. Wetlands?	_____	_____
x. Flood Plains?	_____	_____
xi. Primary Corridor?	_____	_____

Map Requirements

	<u>Met</u>
i. North point	_____
ii. North point bearing reference	_____
iii. Scale not over 500'/inch	_____
iv. Legend	_____
v. Exterior Boundary length/bearing	_____
vi. Interior Boundary length/bearing	_____
vii. Lot numbering	_____
viii. Lot square footage	_____
ix. Lot frontage	_____
x. Lot width at setback	_____
xi. Reference to section line for bearing orientation	_____
xii. Easements shown correctly	_____
xiii. Status of adjoining lands (unplatted, csm, sub. Etc.)	_____
xiv. Offsets to buildings	_____
xv. Meander line by distance/bearing	_____
xvi. Distance between meander and ordinary high water mark	_____
xvii. Right-of-way width	_____
xviii. Curve data table/map	_____
xix. Names/address of survey requestor	_____
xx. Surveyor's certificate	_____
xxi. Corporate/Private owner's certificate affidavit	_____

Comments: _____

