CITY OF GENTRY

SUBDIVISION CHECKLIST

# SKETCH PLAN

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SUBDIVISION NAME | | | | OWNERS NAME | | DATE SUBMITTED |
| STREET ADDRESS | | | | OWNERS ADDRESS | | FEE PAID |
| ZONING | SECTION | RANGE | TOWNSHIP | CITY, STATE, ZIP | PHONE NUMBER | # OF LOTS |

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| --- | --- |
| REVIEW STAGE  SKETCH | REQUIRED ITEMS  All required items listed below will be included. |
|  | 1. Location of all bordering streets. |
|  | 2. General location of all proposed streets within the subdivision. |
|  | 3. General size and shape of lots. |
|  | 4. Ownership of surrounding property. |
|  | 5. Location & size of existing utilities. |
|  | 6. Legal description of property. |
|  | 7. General location of problem areas such as floodplain, wetland, rock outcrop, increases in traffic on connecting street(s), what extent of existing street improvement will be done by developer due to the new development. |
|  | 8. General description of tree cover. |
|  | 9. Location map showing relationship to City of Gentry |

A PLAT WILL NOT BE PLACED ON THE Planning Commission’s meeting agenda unless it includes all the required items of the sketch plan review stage. 10 copies must be filed 10 days prior to the Planning Commission meeting. The Commission official conducting the review will initial the box for EACH item when the item is found acceptable by the Commission.

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| PLANNING OFFICIALS  SIGNATURE AND DATE |  |
|  | GENERAL COMMENTS AND DIRECTION:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |