



SITE	City of Titusville Site Review Application
Project Name:	_____
Project Location:	_____
Submitted By:	_____
Company Name:	_____ Email: _____

Site Plan Review Requirements

Yes	No	NA	Review Requirements	Note Reason for "No" or "NA" Check
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application & Fee (Call 383-5793 for Fee Amount).	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Application meeting completed Date: _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Bond Sets of Plans (Size 24" x 36", Folded to 9" X 12")	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Additional Sets of Plans if on FDOT or County Road	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title Sheet as required by Land Development Guide & Policies (provided on DVD). Concurrency form, vicinity map with land use and zoning shown for surrounding properties, soils map, flood map and panel number, contacts, sheet index, site information, special conditions/approvals, City approval block.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certification block: Signed and Sealed w/ registration number; the date of the submission; revisions; drafter, sheet number.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Property Legal description.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	North arrow and scale. (Scale max allowed 1"= 60').	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boundaries of all tracts, bulkhead lines, Tax Parcel I.D., Adjoining subdivisions & parcels, ROW, city limits, easements.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Topography: contours intervals 1 ft in elev. Datum must be on plans.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location of wetlands, wooded areas and protected trees.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geotech, hydr. analysis, lift sta. calcs, stormwater reports - 3 signed & sealed	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ex. utilities, stormwater w/offsite contributing areas.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Existing and proposed structures.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cross-sections of proposed grades, roads, driveways, parking areas, retention ponds, drainage conveyances, etc.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water, sanitary and reuse showing lines with dimension, profiles, show crossing & connections to the ex.utilities include off site construction.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporary construction erosion control plan meeting NPDES.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copy of all permits: County, SJRWMD, FDEP, FDOT, USACOE, etc.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Improvements as required for: stormwater, conservation/aquifer protection, protection of natural topography, flood prevention, bulkheads, streets, sidewalks, bicycle facilities, parking, utilities, signage, traffic control, surveys, Florida fire prevention code, City standards, details and specifications.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any off-site improvements.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Layout; access/parking, site configuration, connections to ex. streets, stub-outs, retention, detention, lakes, wetlands, open areas, recreational, drainage & utility easements, etc.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stormwater: directional flows, easements, retention, detention, compensatory storage, legal positive outfall, wetland mitigation.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landscape Plan w/ tree survey, trees removed/retained.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project Phasing Plan (if applicable).	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Documents: Traffic analysis, etc.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area of critical concern - provide detail cut & fill calculations.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Affordable Housing (Ship, HUD, CBDG) - include signed forms.	_____

Application Received Date: _____	Fee: _____
Log Number: _____ HTE Project No.: _____	Site Classification: <input type="checkbox"/> Type I <input type="checkbox"/> Type II or III
Checked-In By: _____	Application Status: <input type="checkbox"/> Complete <input type="checkbox"/> Not Complete
Note deficiencies in application:	
Date of Rejection: _____	Rejected By: _____