



DIVISION OF
PLAN REVIEW & PERMITTING

PLAN SUBMITTAL CHECKLIST
TRAFFIC REVIEW

This form must be completed and submitted with ALL plan submittals. If an item is not applicable, please enter N/A

CONTACT INFORMATION:

*CONSULTANT/SURVEYOR: _____ CONTACT PERSON: _____
*PHONE NUMBER: _____ E-MAIL: _____
*PLAN TITLE: _____
*PLAN REVIEW TRACKING NUMBER: _____
*TAX ACCOUNT ID # (REQUIRED):

SUBMITTAL REQUIREMENTS: (MARK INC. FOR INCLUDED OR N/A FOR NOT APPLICABLE)

- _____ 1 COPY OF SITE PLAN/PRELIMINARY PLAT/DEVELOPMENT PLAN/GRADING PLAN/SWCP.
(ALL PLANS SHALL BE FOLDED WITH THE TITLE SHOWING)
- _____ ONE (1) COPY OF THE TRAFFIC IMPACT STUDY
- _____ ONE (1) CD
- _____ ONE (1) COPY OF THE SIGNAGE AND STRIPING PLAN AND DETAILS
- _____ ONE (1) COPY OF THE ROAD ADEQUACY DETERMINATION WORKSHEET
- _____ ONE (1) COPY OF THE ROAD ADEQUACY MILEAGE WORKSHEET
- _____ ONE (1) COPY OF THE STOPPING SIGHT DISTANCE WORKSHEET – INCLUDE SPEED LIMIT
- _____ ONE (1) COPY OF THE WORK ZONE TRAFFIC CONTROL PLAN AND DETAILS
- _____ RED LINED PLANS RETURNED WITH EACH RE-SUBMISSION
- _____ SIX (6) COPIES OF TRAFFIC IMPACT STUDY FOR MD STATE HIGHWAY ADMINISTRATION (IF APPLICABLE)
- _____ ONE (1) CD OF TRAFFIC IMPACT STUDY FOR MD STATE HIGHWAY ADMINISTRATION (IF APPLICABLE)

SUBMITTED BY: _____ DATE: _____

9/24/18

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