

SUBDIVISION CHECK LIST
TOWN OF CHATHAM PLANNING BOARD

Sub-division Name _____ Date Rec'd _____

Classified: Minor ___ Major ___ #Lots ___ Total Fees \$ _____

Owner's Name _____ Date Fees Pd _____

Address _____ Tel. No. _____

Represented by: _____ Tel. No. _____

Final Date to submit Plat _____ Hearing Advertised _____ Hearing Date _____
 (within 6 mos.)

Date Limit for Planning Board Action _____ (45 days from Public Hearing)

Planning Board Action: Date: _____ Approved _____ Disapproved _____

Modification or Conditions: _____

DOES APPLICATION INCLUDE:

Abstract of Title/Title Search _____	YES	NO	N/A
Forwarded to County _____	YES	NO	N/A
EAF Short Form _____	YES	NO	N/A
Pinning Letter _____	YES	NO	N/A
Copy of Deed, Covenants or Deed Restrictions _____	YES	NO	N/A
Six Copies of Field Survey _____	YES	NO	N/A
(a) Do on-site sanitation & water facilities meet County Board of Health Specs? Dept. of Health Approval? _____	YES	NO	N/A
(b) Have they noted this on the plat & signed by a licensed engineer? _____	YES	NO	N/A