

ENGINEERING ITEM CHECKLIST

MACOMB TOWNSHIP

PROJECT NAME:	
REVIEW JOB NO.:	
DATE:	

Before final approval of engineering plans is issued by this office, the items checked Y (YES) below must be submitted to our office for review:

Required Yes	No	Date Received	Permit Number	Item Description
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Copy of Macomb County Soil Erosion approval and/or Permit
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	EGLE N.P.D.E.S. Notice of Coverage documentation
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Copy of Macomb County Department of Roads Approval and/or Permit
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Copy of Michigan Department of Transportation approval and/or Permit
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Right-of-way dedication received and recorded with MCDOR (or MDOT)
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Copy of Office of the Macomb County Public Works Commissioner (Drain Office) approval and/or County Drain Tap Permit
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Copy of State (EGLE) Construction Permit where public water main construction is proposed. DATE SENT: _____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Copy of State (EGLE) Construction Permit where public sanitary sewer construction is proposed. DATE SENT: _____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	All necessary easements. Easements must be on Macomb Township Standard easement document and include a sketch. A current title policy for ownership verification shall be provided with all executed easement submittal(s) to this office.
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Township Fire Department approval for hydrant locations, fire lane, building hook up(s), and separate water service line for fire use (as necessary)
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Macomb County Health Department approval of well water supply
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Macomb County Health Department approval of on-site subsurface sewage disposal system
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	EGLE Joint Permit (Floodplain/Wetlands/Drain Tap/Drain Work)
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Detention Basin SAD (subdivisions only)
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Operation & Maintenance Agreement (detention basins, BMPs, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Site Development Bond Estimate for All Developments
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Copy of Letter from Township with Addressing & Street Names
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Letter from Geotechnical Engineer on Detention Pond Stability
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Copy of Letter from Township Approving Parcel Split/Combination
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Other _____

The above listed items are required for approval of this particular project, but are not necessarily conclusive.