

Residential Project Review Checklist

Property Address: _____ APN: _____ File Number: _____	Project Description: _____ SFD <input type="checkbox"/> MFD <input type="checkbox"/> Plan Revision <input type="checkbox"/>
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Allocation Number: _____ RUU Transfer <input type="checkbox"/> n/a <input type="checkbox"/>	Deed Restriction Needed <input type="checkbox"/> Type: _____
Year Constructed: _____ Historic <input type="checkbox"/> Not Historic <input type="checkbox"/> n/a <input type="checkbox"/>	Level of Review: Staff <input type="checkbox"/> HO <input type="checkbox"/> GB <input type="checkbox"/> Noticing Required: <input type="checkbox"/>
Compliant Fireplace/Woodstove <input type="checkbox"/> Flood Zone <input type="checkbox"/> Avalanche <input type="checkbox"/>	V(g) Checklist Complete <input type="checkbox"/> Attached in Accela <input type="checkbox"/>
Local Plan: _____ Special Use <input type="checkbox"/>	Planner Notes Complete <input type="checkbox"/> Accela Updated <input type="checkbox"/>

Coverage/Land Capability

IPES Lots (Chapter 53)	Bailey Lots (Chapter 30) (use back if more space needed)
IPES Score: _____ % Allowable Coverage: _____	LCV Complete <input type="checkbox"/> Coverage Verified <input type="checkbox"/> Backshore Boundary <input type="checkbox"/>
Lot Size: _____	Bailey Score(s): _____ Lot Size: _____
Base Allowable: _____ Max Allowable: _____	Base Allowable: _____ Verified Coverage: _____
Coverage to be Transferred: _____	Proposed Coverage: _____ Remaining/Banked: _____
>1/3 acre <input type="checkbox"/> DOAC Complete <input type="checkbox"/> n/a <input type="checkbox"/>	Max Allowable: _____ Amount Transferred: _____
Access & Building Site Verified <input type="checkbox"/>	Off-site coverage (E): _____ Off-site Coverage (P): _____
SEZ Delineation Complete <input type="checkbox"/> n/a <input type="checkbox"/> SEZ Setback <input type="checkbox"/>	Excess Coverage: _____ Previously Mitigated: _____ Remaining Excess: _____

Coverage Exemptions (Chapter 30.4.6)

Not Eligible ☐

No Exemptions Proposed ☐

Misc. Items to Review

Land Capability verified as non-sensitive <input type="checkbox"/>	Deck (A): _____	Exterior Lights
BMP cert issued <input type="checkbox"/> BMPs to be installed as part of project <input type="checkbox"/>	Deck (P): _____	Landscape/Reveg Plan
All excess coverage mitigated <input type="checkbox"/> Mitigated as part of project <input type="checkbox"/> N/A <input type="checkbox"/>	Temp Structure (A): _____	Tree Removal
Total area non-sensitive Land: _____	Temp Structure (P): _____	Staging Areas
Max Allowed: _____ Total Proposed: _____	Pervious Coverage (P): _____	Colors/Reflective Materials

Height (Chapter 37) No change in height ☐

Scenic (Chapter 66) Not visible ☐

% Slope Across Site: _____ Roof Pitch: _____	Visible from Lake <input type="checkbox"/> Unit # _____ In Attainment <input type="checkbox"/> Out of Attainment <input type="checkbox"/>
Max Allowed Height: _____ Proposed Height: _____	Visible from Road <input type="checkbox"/> Unit # _____ In Attainment <input type="checkbox"/> Out of Attainment <input type="checkbox"/>
Additional Height Finding Made (> 26') <input type="checkbox"/> n/a <input type="checkbox"/>	Monitoring Required <input type="checkbox"/> Materials Reviewed <input type="checkbox"/> Baseline Photo Received <input type="checkbox"/>

BMPs (Chapter 60.4)

Excavation/Grading (Chapter 33)

Temp BMPs on plans <input type="checkbox"/> Permanent BMPs on plans <input type="checkbox"/>	Grading cut/fill shown on plans <input type="checkbox"/> Utilities shown on plans <input type="checkbox"/>
Calculation Spreadsheet Reviewed <input type="checkbox"/> BMP Details Reviewed <input type="checkbox"/>	Proposed Max Depth of Excavation: _____ <5' <input type="checkbox"/>
Has Certificate <input type="checkbox"/> Date Issued: _____ Certificate #: _____	Soils/Hydro Max Depth Approved: _____ File #: _____

Fees

HRA: _____	Cost/sq.ft: _____	_____	_____
<input type="checkbox"/> Water Quality Mitigation	ft ² x \$1.86 = _____	<input type="checkbox"/> Air Quality Mitigation (NSFD)	\$3,258.40
<input type="checkbox"/> Offsite Coverage Mitigation	ft ² x \$ _____ = _____	<input type="checkbox"/> Excess Coverage Mitigation	_____
<input type="checkbox"/> Project Security	\$ _____	<input type="checkbox"/> Monitoring Security	\$ _____