



# MASTER DEVELOPMENT PLAN COMPLETENESS REVIEW

**Project Name:** \_\_\_\_\_

**Project Engineers/Surveyors or Firm Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Master Plan Application Type (check one):**

<input type="checkbox"/> Master Development Plan (MDP)	<input type="checkbox"/> Planned Unit Development (PUD)
<input type="checkbox"/> Master Development Plan Amendment	<input type="checkbox"/> Planned Unit Development Amendment
<input type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Major <input type="checkbox"/> Minor
<input type="checkbox"/> MDP/ P.U.D. Plan (combination)	<input type="checkbox"/> Mixed Use District (MXD)
<input type="checkbox"/> Flexible Development Plan (FDP)	<input type="checkbox"/> Traditional Neighborhood Development (TND)
<input type="checkbox"/> Urban Development (UD) <input type="checkbox"/> Farm and Ranch (FR)	<input type="checkbox"/> Master Planned Community District (MPCD)
<input type="checkbox"/> Rural Development (RD) <input type="checkbox"/> Mixed Light Industrial (MI-1)	<input type="checkbox"/> Military Airport Overlay Zone (MAOZ)
<input type="checkbox"/> Mixed Heavy Industrial (MI-2)	<input type="checkbox"/> Manufactured Home Park Plan (MHPP)
<input type="checkbox"/> Form Based Zone District (FBZD)	<input type="checkbox"/> Alternative Pedestrian Plan (APP)

**To be accepted for review a Plan shall comply with the provisions of the Unified Development Code.**

Items Submitted	Staff Inventory	<u>Required Items for Completeness Review</u>												
<input type="checkbox"/>	<input type="checkbox"/>	Completed and signed Application Form												
<input type="checkbox"/>	<input type="checkbox"/>	Plan Review Fee												
<input type="checkbox"/>	<input type="checkbox"/>	Digital information in xxx.DWG or xxx.DXF												
<input type="checkbox"/>	<input type="checkbox"/>	8 1/2 "x 11" Reduced Copy												
<input type="checkbox"/>	<input type="checkbox"/>	Storm Water Management Plan ( <b>2 copies</b> )												
<input type="checkbox"/>	<input type="checkbox"/>	Traffic Impact Analysis (TIA) ( <b>4 copies</b> ) – FEE Received <input type="checkbox"/> Indicate type: <input type="checkbox"/> Worksheet <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3												
<input type="checkbox"/>	<input type="checkbox"/>	Parks Review Fee												
<input type="checkbox"/>	<input type="checkbox"/>	Habitat Compliance Form (signed original) & Aerial photo – both items will require an original to be submitted & digital file (PDF), do not email.												
<input type="checkbox"/>	<input type="checkbox"/>	20 copies (folded) with Land Entitlements Office, MDP Division Request for Review form (attached) for respective departments or agencies. If project is an MDP/PUD combination, two sets of everything is required. <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Master Development Plan/ Major Thoroughfare</td> <td><input type="checkbox"/> Storm Water Engineering</td> </tr> <tr> <td><input type="checkbox"/> Historic</td> <td><input type="checkbox"/> Traffic &amp; Streets</td> </tr> <tr> <td><input type="checkbox"/> Disability Access (Sidewalks)</td> <td><input type="checkbox"/> Trees Preservation</td> </tr> <tr> <td><input type="checkbox"/> Zoning</td> <td><input type="checkbox"/> Parks</td> </tr> <tr> <td><input type="checkbox"/> SAWS Aquifer</td> <td><input type="checkbox"/> Bicycle Mobility</td> </tr> <tr> <td><input type="checkbox"/> Bexar County Public Works</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Master Development Plan/ Major Thoroughfare	<input type="checkbox"/> Storm Water Engineering	<input type="checkbox"/> Historic	<input type="checkbox"/> Traffic & Streets	<input type="checkbox"/> Disability Access (Sidewalks)	<input type="checkbox"/> Trees Preservation	<input type="checkbox"/> Zoning	<input type="checkbox"/> Parks	<input type="checkbox"/> SAWS Aquifer	<input type="checkbox"/> Bicycle Mobility	<input type="checkbox"/> Bexar County Public Works	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Master Development Plan/ Major Thoroughfare	<input type="checkbox"/> Storm Water Engineering													
<input type="checkbox"/> Historic	<input type="checkbox"/> Traffic & Streets													
<input type="checkbox"/> Disability Access (Sidewalks)	<input type="checkbox"/> Trees Preservation													
<input type="checkbox"/> Zoning	<input type="checkbox"/> Parks													
<input type="checkbox"/> SAWS Aquifer	<input type="checkbox"/> Bicycle Mobility													
<input type="checkbox"/> Bexar County Public Works	<input type="checkbox"/> Other: _____													

**For Staff Use Only**

Complete                       Incomplete

Completeness Review By: \_\_\_\_\_ Date: \_\_\_\_\_