# March 2020

**CTP AMENDMENT MANAGEMENT APPROVAL CHECKLIST**

This checklist should be initialed and dated as applicable at each step. Please review all applicable procedures prior to submittal. **Print this form on one sheet (back/front).**

**CTP STUDY AREA NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **CTP PLAN DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT ENGINEER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TODAY’S DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DRAFT CTP AMENDED / REVISED MAPS REVIEW (CTP 3)  *Approved Draft CTP AMENDED / REVISED Maps &*** ***Summary documents and Memo highlighting Revisions***

Draft CTP Maps and Problem Statements / CTP project sheets – **attached for review and approval**

Supporting Draft CTP Documentation attached for information only: Appendices, Documentation of Analysis Tool

**Date PE**

**Submits to:**

**SUPERVISOR REVIEW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE**\_\_\_\_\_\_\_\_\_ **Approved with Comments**

**Unit Head REVIEW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE****\_\_\_\_\_\_\_\_\_** **Approved with Comments**

## Director REVIEW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_ Approved with Comments

# RECOMMENDED CTP MAPS REVIEW (CTP 5) *Recommended CTP Maps*

CTP Maps attached (11x17 scale)

Local Adoption Resolutions / RPO endorsement (if applicable) copies attached

Summary documents and Memo highlighting Revisions

**RPO ENDORSEMENT Yes, date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Not applicable**

**SUPERVISOR REVIEW\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_ Approved with comments**

# FINAL CTP MAPS REVIEW (for distribution) *Mutually Adopted CTP Maps and Summary Documentation*

**NCDOT ADOPTION DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUPERVISOR REVIEW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_**

**FINAL CTP MAPS EXPORTED TO PDF By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_ FINAL CTP MAP DISTRIBUTION By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please file this completed form in the appropriate CTP Project file, located in Room 447.*