#  March 2020

**CTP MANAGEMENT APPROVAL CHECKLIST**

This checklist must be started prior to presenting Draft CTP maps to the locals. It 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 MAPS REVIEW (CTP 3)  *Approved Draft CTP Maps & Problem***

***Statements***

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

Peer Review has been completed: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Date PE**

 **Submits to:**

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

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

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

**FULL PROBLEM STATEMENTS** **or CTP Project Sheets and DRAFT CTP MAPS SENT TO Project Management Unit (via email in PDF Format) DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#  Were any comments received after a two week review? Yes No

**ALL PROBLEM STATEMENTS or CTP Project Sheets and DRAFT CTP MAPS SENT TO BOT MEMBER & DIVISION ENGINEER (via email in PDF Format)**

# DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  Were any comments received after a two week review? Yes No

This is a re-submittal of a previously reviewed draft CTP map with projects that have been added or deleted.

 This is a brief explanation of what has changed (attach separate sheet if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# DRAFT CTP REPORT REVIEW (CTP 4)  *Approved Draft CTP Report*

Draft CTP Report (BOT adoption date pending)

Peer Review has been completed: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## SUPERVISOR REVIEW\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_ Approved with 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

BOT Project List/Table

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

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

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

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

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

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

# FINAL CTP REPORT REVIEW (for distribution) *Final CTP Report*

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

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

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

## REPRODUCTION DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FINAL CTP REPORT DISTRIBUTION By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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