

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 Chapter 2 (Problem Statements) – **attached for review and approval**
- Supporting Draft CTP Documentation attached for information only: Chapter 1, Appendices A-K, Documentation of Analysis Tool
- Peer Review has been completed: Date: _____

Completion Dates
for **all full** reviews
(# iterations):

Date PE
Submits to:

SUPERVISOR REVIEW _____ DATE _____ Approved with comments _____

UNIT HEAD REVIEW _____ DATE _____ Approved with comments _____

FULL PROBLEM STATEMENTS and DRAFT CTP MAPS SENT TO PDEA (via email in PDF Format)
DATE _____

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

ALL PROBLEM STATEMENTS 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: _____ Unit Head: _____

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

- Draft CTP Report (BOT adoption date pending)
- Peer Review has been completed: Date: _____

Completion Dates
for **all full** reviews
(# iterations):

Date PE
Submits to:

SUPERVISOR REVIEW _____ DATE _____ Approved with comments _____

UNIT HEAD 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
- BOT Project List

RPO ENDORSEMENT Yes, date _____ Not applicable

SUPERVISOR REVIEW _____ DATE _____ Approved with comments

UNIT HEAD 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 _____

REPRODUCTION DATE _____

FINAL CTP REPORT DISTRIBUTION By _____ Date _____

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