



City of Merced Inspection Services – APPLICATION FOR PERMIT

678 W 18th St. Merced, CA 95340 (209) 385-4773

inspectionsservicesweb@cityofmerced.org

PERMIT #: _____ DATE: _____ APN#: _____

JOB ADDRESS: _____

DESCRIPTION OF WORK: _____

VALUATION: \$ _____ SQUARE FOOTAGE: _____

Property Owner's Name: _____ EMAIL: _____ Phone: _____ Address: _____ _____ _____	Tenant's Name: _____ EMAIL: _____ Phone: _____ Address: _____ _____ _____
Designer's Name: _____ EMAIL: _____ Phone: _____ Address: _____ _____ _____	Contractor's Name: _____ EMAIL: _____ Phone: _____ Address: _____ _____ License #: _____ License Class: _____

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____ OWNER () CONTRACTOR () AGENT ()

MY SIGNATURE AUTHORIZES THE CITY OF MERCED TO MAKE 'RED LINE' COMMENTS ON THE PLANS WHICH HAVE BEEN APPROVED BY THE ARCHITECT, ENGINEER, AND/OR DRAFTSPERSON IN ORDER TO EXPEDITE THE PLAN REVIEW PROCESS.

FOR OFFICE USE ONLY:

SCHOOL FEES required: Yes OR No

Receipt Received _____

ASSESSOR: _____

MERCED COUNTY HEALTH required: Yes OR No

Approval Received _____

ARCHIVE: _____

SAN JOAQUIN VALLEY AIR POLLUTION CONTROL DISTRICT: Yes OR No

Approval Received _____

NOTES: _____

*DUE PRIOR TO PERMIT ISSUANCE

BUILDING PERMIT \$ _____

ENGINEERING DEPOSIT \$ _____

*DUE PRIOR TO FINAL INSPECTION

ENCROACHMENT PERMIT FEE \$ _____

PUBLIC FACILITY IMPACT FEES \$ _____