



# City of Merced Inspection Services – APPLICATION FOR PERMIT

678 W 18<sup>th</sup> St. Merced, CA 95340 (209) 385-4773/Fax (209) 725-8775

PERMIT #: \_\_\_\_\_ DATE: \_\_\_\_\_ APN#: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

VALUATION: \$ \_\_\_\_\_ SQUARE FOOTAGE: \_\_\_\_\_

<b>Property Owner's Contact Information:</b> EMAIL: _____ Phone: _____ Address: _____ _____ _____	<b>Tenant's Contact Information:</b> EMAIL: _____ Phone: _____ Address: _____ _____ _____
<b>Designer's Contact Information:</b> EMAIL: _____ Phone: _____ Address: _____ _____ _____	<b>Contractor's Contact Information:</b> EMAIL: _____ Phone: _____ Address: _____ _____ License #: _____ License Class: _____

**N.P.D.E.S Compliance documents (SWPPP) attached? Y\_\_ N\_\_**    **WDID#** \_\_\_\_\_  
**Type of Project: Land Dev. Project** \_\_\_ **Linear Project** \_\_\_ **Big Box Project** \_\_\_ **Vertical Dev. Project** \_\_\_  
**Project qualify for waiver? Y\_\_ N\_\_**

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

Department Submittal Review: B \_\_\_\_\_ E \_\_\_\_\_ F \_\_\_\_\_ P \_\_\_\_\_

DEPOSIT: \$ \_\_\_\_\_ RECEIPT: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

SUBMITTAL TYPE: ELECTRONIC  PAPER

NOTES: \_\_\_\_\_

QSD/QSP Approval: \_\_\_\_\_ Date: \_\_\_\_\_ (Required)

BUILDING PERMIT \$ \_\_\_\_\_  
 ENGINEERING FEES \$ \_\_\_\_\_  
 ENCROACHMENT PERMIT FEE \$ \_\_\_\_\_ ENCROACHMENT PERMIT #: \_\_\_\_\_  
 PUBLIC FACILITY IMPACT FEES \$ \_\_\_\_\_  
 REGIONAL TRANS IMPACT FEES \$ \_\_\_\_\_

SCHOOL FEES – CONTACT THE SCHOOL DISTRICT FOR FEES IF CHECKED  Receipt Received

SJVAPCD Required yes/no Approval  Merced County Health Required yes/no Approval

CUSTOMER NOTIFICATION DATE: \_\_\_\_\_