



City of Merced Inspection Services – APPLICATION FOR PERMIT

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

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 COMPANY Name: _____ 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: _____