

APPLICATION FOR DESIGN REVIEW

(Remodels, Site Improvements, and New Developments)

(Projects within the Design Review or Gateways Proj. Area Boundary)



Office Use Only:

File #: _____

Date: _____

Amt. Paid: _____

Receipt #: _____

Rec'd By: _____

Project Address/Location: _____

APN: _____ **Zone:** _____

For Remodels/Site Improvements, business at this location: _____

A. APPLICATION SUBMITTAL CHECKLIST (all required items unless otherwise noted):

___ **Site Plan (scaled):** 1 set - 8 ½" x 11"; and 1 set – 11" x 17"; and 2 – full size (*indicate north arrow*)

___ **Elevations (scaled):** 1 set - 8 ½" x 11"; and 1 set – 11" x 17"; and 2 – full-size (*N/S/E/W views indicated*)

___ **Landscape & Sprinkler Plans (scaled):** 1 set - 8 ½" x 11"; and 1 set – 11" x 17"; and 2 – full-size

___ **Color Swatches and Exterior Building Material Samples**

___ **Completed Environmental Review Checklist** (*incl. separate pmt. to County of Merced*)

___ (*Optional*) **Architect's Conceptual Rendering(s)**

B. PROJECT INFORMATION:

1. **Please check one:** _____ Remodel or Site Improvement (*Application Fee: Refer to Current Fee Schedule*)
_____ New Construction (*incl. demolition/reconstruction*) (*Application Fee: Refer to fee schedule*)

2. **Project Description** (*Please describe your project in detail below*)

C. APPLICANT(S): Please complete for ALL projects:

1. **Please initial one of the following:**

___ (*initial*) I certify that I am the recorded owner of the real property described herein.

___ (*initial*) I am the representative/agent of the owner, and said real property owner consents to the filing of this application.

APPLICANT SIGNATURE: _____ **Date:** _____

2. **Applicant or Agent** (*Primary contact for this project*)

Name: _____ **Bus. Ph:** _____ **Cell:** _____
Company: _____ **Email/Fax:** _____
Mail Address: _____
Other: _____

(Continued on Reverse Side)

3. Other Involved Parties (Those listed will receive official meeting correspondence related to this project and may be contacted by Planning Staff for any clarifications and/or revisions to submitted plans.)

Property Owner:
Name: _____ Bus. Ph: _____ Cell: _____
Mail Address: _____ Email/Fax: _____
Other: _____

Architect/Engineer:
Name: _____ Bus. Ph: _____ Cell: _____
Firm: _____ Email/Fax: _____
Mail Address: _____
Other: _____

Landscape Architect:
Name: _____ Bus. Ph: _____ Cell: _____
Firm: _____ Email/Fax: _____
Mail Address: _____
Other: _____

D. PLEASE READ and INITIAL:

Design approval by the Design Review Commission is subject to securing appropriate building and/or sign permits from the Inspection Services Department of the City of Merced. A building permit must be obtained before any construction work of any kind is started, as most work requires a permit. Design approval by the Design Review Commission shall not be construed as a waiver, modification, elimination, or mitigation of requirements or any other provision of the Ordinances, Codes, policies, or regulations of the City of Merced. Depending on the scope of the project, approved projects are subject to City of Merced Public Facilities Impact Fees and Regional Transportation Impact Fees, which are due upon Building Permit submittal. Sign proposals are subject to the Sign Code Regulations for Redevelopment Project Areas (MMC §17.36.800).

Application for Design Review may involve review of the entire property, including ingress/egress access points, circulation of traffic through the site, lighting, landscaping, parking requirements, and sound/light spillage prevention measures. Decisions of the Design Review Commission may be appealed to the City Council within five (5) days of the Final Review.

I have read and fully understand the above. Applicant initial: _____