



Community Economic Development Department
Land Development Engineering
Standard Application

Permit Number: _____

Please provide all requested information. Incomplete applications will be rejected, resulting in possible delays to your project.

Project Name: _____ Application Date: _____

Site Address / APN: _____ Engineer's Estimate: _____

Permit Type:

- SIT [] Plan Check [] Maps / Lot Line Adjustment / Easement [] Will Serve / Outside Service Agrmt. []
ENC [] Standard Encroachment (N) [] Utility Company (U) [] CIP Project Permit (CIP) []
Sewer Cost Share (N) [] Subdivision Permit (S) [] CFD Work Permit (CFD) []
Well / Excavation Intersecting Groundwater (W) [] Grading Permit (G) []
WTS [] Sewer [] Water [] Both []

Applicant: ** The applicant will be considered the primary point for all contact, and correspondence from the City unless other arrangements are made in writing.

Name/Company: _____ Contact Name: _____
Address: _____ City: _____ State/Zip: _____
Phone: _____ e-mail: _____

Owner: Same as applicant: [] ** Corporate partnerships must provide a list of principals.

Name: _____ Phone: _____
Address: _____ City: _____ State/Zip: _____

Contractor / Designer: Same as applicant: []

Name/Company: _____ Contact Name: _____
Address: _____ City: _____ State/Zip: _____
Phone: _____ e-mail: _____

Contractor License:

City of Modesto: _____ State / Type: _____

Work / Project Description: _____

Site Area SF: _____ Existing Zoning: _____ # Proposed Units: _____

Building Area SF: _____ Proposed Zoning (If applicable): _____ # Proposed Lots: _____

Owner is Contractor (Flatwork Only): Y [] N [] Insurance Waivers attached: Y [] N []

Trenching W / L: _____ Paving W / L: _____

Duration of project?: _____ Estimated start date: _____

Work performed during City Construction Hours: Y [] N [] Work / Site Plan Attached: Y [] N [] Traffic Control Plans Attached: Y [] N []

Bill Inspections To: Applicant [] Owner [] Contractor [] Designer/Consultant []

Deposit type applications may either have a refund due or additional fees due after the Final Inspection and/or before Recordation can occur. You must provide the contact information to receive a refund. NO REFUNDS WILL BE GIVEN FOR BALANCES LESS THAN \$5.00

Deposit Refunds Send To: Applicant [] Owner [] Contractor [] Designer/Consultant []

Additional notes / comments:

AFFIDAVIT

If the owner is a trust, partnership, LLC, the signature shall be a corporate officer. Attach additional sheets if necessary.

I hereby certify that I am the applicant in the foregoing application, that I have read the foregoing application and know the content thereof and state that the same is true and correct to the best of my knowledge.

Applicant (Signature)

Applicant (Print Name)

I declare that I am the owner of the herein described property and that I have familiarized myself with this completed application and give consent to the action requested.

Owner (Signature)

Owner (Print Name)

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The area below is for Internal use only.

Plan Type:

_____ County Improvement Plans	_____ Off-Site Only
_____ Subdivision Map	_____ Parcel Map
_____ School Site	_____ Lot Line Adjustment

of Sets Submitted: _____

Other Departments to Review:

_____ Landscape-PR&N ()	_____ Water Backflow ()
_____ Planning-C&ED ()	_____ Storm Water-LDE ()
_____ Fire Prevention ()	_____ Consultant ()
_____ Water ()	_____ Sewer ()

Assigned To: _____