



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 principles.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Contractor / Designer:

Same as applicant: [ ]

Name/Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Contractor License:

Insurance on file with LDE?: Y [ ] N [ ] If no, please provide complete contact info above.

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:** \_\_\_\_\_