



Community & Economic Development Dept.
 2222 M Street, 2nd Floor
 Merced, CA 95340
 TEL: (209) 385-7654
 WEB: countyofmerced.com/planning

SITE PLAN & DESIGN REVIEW

FILING REQUIREMENTS CHECKLIST

STEP 1	<p>APPLICATION SUBMITTAL. Application submittal, at a minimum, shall include the items listed below. Incomplete submittals will not be accepted.</p> <p>Within 30 days of submittal, staff will review the application and will notify you, in writing, whether your application has been deemed complete or incomplete and indicate any necessary required information. Incomplete applications cannot be processed.</p>
<input type="checkbox"/> APPLICATION	Completed Planning Permit Application with wet-ink or e-signatures. Application must be signed by all property owners or accompanied by documentation to authorize an empowered signee.
<input type="checkbox"/> COMPANION PAGE	Completed Design Review Companion Page .
<input type="checkbox"/> FILING FEE	Full payment of filing fee, based on latest adopted Fee Schedule .
<input type="checkbox"/> SITE PLAN	Two (2) copies of a 11" x 17" site plan and 8.5" x 11" site plan (see Minimum Plan Requirements).
<input type="checkbox"/> FLOOR PLAN	Two (2) copy of floor plans (see Minimum Plan Requirements).
<input type="checkbox"/> ADDITIONAL PLANS	<p>For any new construction, building additions, remodels, and/or changes to facades, please provide the following (see Minimum Plan Requirements):</p> <ul style="list-style-type: none"> ● Elevations ● Sign Plan (if applicable) ● Landscaping Plan (if not incorporated into sign plan) ● Lighting Plan (if not incorporated into sign plan) ● Roof Plan (if any roof-mounted equipment) ● Colors & Materials Board
<input type="checkbox"/> DIGITAL COPIES	All submittal items saved on a CD or flash drive in a PDF format.
STEP 2	APPLICATION PROCESSING
CEQA	Staff will determine if the project is subject to environmental review under the California Environmental Quality Act (CEQA) and related additional fees.
REFERRALS	Staff will refer the application to applicable local, State, and Federal agencies for review and comments. Applicants may be invited to a meeting with County agencies to discuss project implementation.
PUBLIC NOTICE	Staff will prepare the required public notices and staff report summarizing the project and environmental analysis.
STEP 3	<p>APPLICATION DECISION. The Director will make a Decision on your project. The Decision can be appealed within 10 days of determination. If approved and no appeal is filed, staff will send you notice of the final action which includes but is not limited to approved plans and a list of conditions, organized by department, that must be met prior to project implementation or as part of implementation.</p>



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PLANNING PERMIT APPLICATION

TYPE OF APPLICATION:

- | | | |
|---|---|--|
| <input type="checkbox"/> Administrative Permit | <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Developer Agreement |
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Major Modification | <input type="checkbox"/> Minor Modification |
| <input type="checkbox"/> Major Subdivision | <input type="checkbox"/> Minor Subdivision | <input type="checkbox"/> Minor Deviation |
| <input type="checkbox"/> Planned Development | <input type="checkbox"/> Property Line Adjustment | <input type="checkbox"/> Site Plan & Design Review |
| <input type="checkbox"/> Temporary Use Permit | <input type="checkbox"/> Variance | <input type="checkbox"/> Zoning Code Amendment |
| <input type="checkbox"/> Zoning Map Amendment | <input type="checkbox"/> Zoning Clearance | |
| <input type="checkbox"/> Other: _____ | | |

PROPERTY INFORMATION

Assessor's Parcel Number(s): _____
 Property Address: _____
 Brief Project Description: _____

CONTACT INFORMATION

Property Owner(s): _____
 Mailing Address: _____
 Email Address: _____ Phone: _____

Applicant: _____
 Mailing Address: _____
 Email Address: _____ Phone: _____

Additional Agent: _____
 Mailing Address: _____
 Email Address: _____ Phone: _____

SIGNATURES

We hereby certify that we have read the [Merced County Planning Permit Application Terms and Conditions](#), and agree to all applicable terms and conditions.

Owner (1) _____ Owner(2) _____

Applicant _____ Date _____

STAFF USE ONLY

Project #: _____ Application Fee: _____



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DESIGN REVIEW COMPANION PAGE

OPERATION STATEMENT. Provide a detailed description of the proposed use including the following information:

- Hours and days of operation
- Products/Services to be sold/provided
- Number of employees
- Average and peak number of visitors/customers
- Number of parking spaces (total, standard, accessible)
- Estimate number of daily trips generated

- Dimensions and descriptions of all buildings
- Type of equipment or processes used
- Type and number of commercial vehicles used
- Use or storage of any hazardous materials
- Other information which effectively describes the proposed use.

If there is not enough space below, please provide your statement on a separate sheet of paper.

JUSTIFICATION STATEMENT

1. How is the proposed use consistent with the provisions of the General Plan? Cite the specific General Plan and Community Plan (if applicable) policies that support the proposed use.

2. How does the design, materials, colors, and details of construction of the project ensure compatibility with the surrounding area and neighboring structure?

3. How does design, landscape, parking, and circulation of the project site promote safe access and walkability?

4. How does design and landscaping address shade, daylight, ventilation, and water conservation?

5. How does the project site accommodate the proposed use and ensure the operation of the use would not be detrimental to the public health and safety? Discuss site design, services (water/sewer), storage, dust, light, noise, odor, or other objectionable characteristics generated by the proposed use,

6. How does the design and arrangement promote and ensure public health, safety, general welfare, and prevent adverse effects to neighboring property?

STAFF USE ONLY

Project #: _____

Applicant: _____