



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

MAJOR MODIFICATION

FILING REQUIREMENTS CHECKLIST

STEP 1	APPLICATION SUBMITTAL. Application submittal, at a minimum, shall include the items listed below. Incomplete submittals will not be accepted. 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.
<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 Use Permit Companion Page OR Telecommunication Facility Companion Page , if applicable.
<input type="checkbox"/> FILING FEE	Full payment of filing fee, based on latest adopted Fee Schedule .
<input type="checkbox"/> ENVIRONMENTAL FORM	Completed Environmental Form .
<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"/> SITE PLAN DESIGN REVIEW	Any new construction, building additions, remodels, and/or changes to facades will be subject to Site Plan & Design Review and related fees. If applicable to your project, please see Site Plan & Design Review Filing Requirement Checklist for additional submittal items required.
<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 schedule your project for a public hearing and prepare the required public notices and staff report summarizing the project and environmental analysis.
STEP 3	APPLICATION DECISION. The Review Authority that made a Decision on the original permit shall also make a Decision on the Major Modification. 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.



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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: _____ Agent Role: _____

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

Submittal Reviewer: _____ In-Take Date: _____

Project #: _____ Application Fee: _____



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USE PERMIT 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 all the provisions of the General Plan? Cite the specific General Plan and Community Plan (if applicable) policies that support the proposed use.

2. How will the project site accommodate the proposed use to 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, and other objectionable characteristics,.

3. Does the site have adequate street access and on-site parking to manage traffic and parking generated by the proposed use?

4. What are the surrounding land uses and is the proposed use compatible with these uses?

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ENVIRONMENTAL FORM

PROJECT INFORMATION & EXISTING CONDITIONS

Describe the project, including any new construction, demolition, relocation, phasing, and/or plans for expansion:

List and describe any other related local, state, and federal agencies permits/approvals:

Describe the natural characteristics on-site and nearby, include information on topography, natural slope, vegetation, drainage, soil stability, habitat, and any cultural, historical, or scenic resources:

FOR NEW CONSTRUCTION, ADDITIONS, AND REMODELS

By-Product	Estimated Generation:	Delivery/Disposal System	
Water:	_____ gpd	<input type="checkbox"/> Well	<input type="checkbox"/> Public Services District
Sewage:	_____ gpd	<input type="checkbox"/> Septic System	<input type="checkbox"/> Public Services District
Storm Water:	_____ cu.ft		
Solid Waste:	_____ cu.yd/day	gpd = gallons per day, cu.ft = cubic feet, cu.yd = cubic yard	

Grading			
Excavation:	_____ cu.yd	Fill:	_____ cu.yd
Dirt Exported:	_____ cu.yd	Dirt Imported:	_____ cu.yd

Describe construction timeline, equipment, and impacts (odor, noise, roadway/sidewalk closures):

DOES THE PROJECT INVOLVE:	YES	NO
1. Change in existing environmental features (vegetation, lakes, streams, rivers, hills, or ground contours)	<input type="checkbox"/>	<input type="checkbox"/>
2. Change in scenic views or vistas from existing residential areas or public lands or roads.		
3. Change in pattern, scale or character of the general area of project.	<input type="checkbox"/>	<input type="checkbox"/>
4. Significant amounts of solid waste or litter.	<input type="checkbox"/>	<input type="checkbox"/>
5. Change in dust, ash, smoke, fumes or odors in the vicinity.	<input type="checkbox"/>	<input type="checkbox"/>

STAFF USE ONLY

Project #: _____ Applicant: _____

DOES THE PROJECT INVOLVE:	YES	NO
6. Change in stream or groundwater quality or quantity or alteration of existing drainage patterns.	<input type="checkbox"/>	<input type="checkbox"/>
7. Substantial change in existing noise or vibration levels in the vicinity.	<input type="checkbox"/>	<input type="checkbox"/>
8. Site on filled land or on slope of 10 percent or more.	<input type="checkbox"/>	<input type="checkbox"/>
9. Use or disposal of potentially hazardous materials, such as toxic substances, flammables or explosives.	<input type="checkbox"/>	<input type="checkbox"/>
10. Substantial change in demand for municipal services (police, fire, water, sewage, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
11. Substantial increase in fossil fuel consumption (electricity, oil, natural gas, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
12. Relationship to a larger project or series of project.	<input type="checkbox"/>	<input type="checkbox"/>
13. Creation of one acre or more of impervious surface area on the project site.	<input type="checkbox"/>	<input type="checkbox"/>

If you check "YES" to any of above, please explain how:

STAFF USE ONLY

Project #: _____

Applicant: _____