



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

# DEVELOPMENT AGREEMENT

## FILING REQUIREMENTS CHECKLIST

<b>STEP 1</b>	<p><b>APPLICATION SUBMITTAL.</b> 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	<p>Completed <a href="#">Planning Permit Application</a> with wet-ink or e-signatures. Application must be signed by all property owners or accompanied by documentation to authorize an empowered signee.</p>
<input type="checkbox"/> AUTHORITY TO FILE	<p>An applicant shall have legal or equitable interest in the real property which is the subject of the proposed development agreement. The applicant shall submit proof of his or her interest in the real property and/or of the authority of any agent to act for the applicant. Such proof may include a title report, policy or guarantee, issued by a title company licensed to do business in the state, which demonstrates the required interest of the applicant in the real property.</p>
<input type="checkbox"/> FILING FEE	<p>Full payment of filing fee, based on latest adopted <a href="#">Fee Schedule</a>.</p>
<input type="checkbox"/> DIGITAL COPIES	<p>All submittal items saved on a CD or flash drive in a PDF format.</p>
<b>STEP 2</b>	<b>APPLICATION PROCESSING</b>
CEQA	<p>Staff will determine if the project is subject to environmental review under the California Environmental Quality Act (CEQA) and related additional fees.</p>
REFERRALS	<p>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.</p>
PUBLIC NOTICE	<p>Staff will schedule your project for a public hearing, prepare the required public notices, and prepare a Staff Report summarizing the project and environmental analysis.</p>
<b>STEP 3</b>	<p><b>APPLICATION DECISION.</b> The Planning Covingmmission will make a written Recommendation about your project to the Board of Supervisors. The Board will make a Decision on your project. Decisions made by the Board are final and conclusive. If approved, the agreement becomes effective when the ordinance approving the agreement becomes effective. The agreement must be recorded with the County Recorder's Office within 10 days after it is executed.</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: \_\_\_\_\_ 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: \_\_\_\_\_