



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

ZONING MAP AMENDMENT

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 Zoning Amendment Companion Page .
<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"/> EXHIBIT MAP	Map which identifies all properties involved and the existing and proposed land use designations shall be 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 the 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 the public hearings and prepare the required public notices and staff report summarizing the project and environmental analysis.
STEP 3	<p>APPLICATION DECISION. The Planning Commission will make a Recommendation in regards to your project to the Board of Supervisors. The Board will make a Decision on your project. The Board's Decision is final and conclusive. If approved, the Zoning Map Amendment will become effective 30 days after the Board's approval and adoption of the related ordinance.</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: _____



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ZONING AMENDMENT COMPANION PAGE

JUSTIFICATION STATEMENT

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

2. How will the proposed amendment affect public interest, health, safety, convenience, or welfare of the County?

FOR ZONING CODE AMENDMENTS ONLY

3A. How is the proposed amendment consistent with all other provisions of the Zoning Code? Does it conflict with any other provisions of the Zoning Code?

FOR ZONING CODE AMENDMENTS ONLY

3B. How is the affected project site able to accommodate the land uses associated with the proposed amendment and ensure that the proposed use(s) and/or development will not endanger, jeopardize, or otherwise constitute a hazard to the property or improvements in the vicinity? Discuss design, location, operating characteristics, shape, size, topography, public and emergency vehicle access, public services and utilities, public street improvements, and traffic.

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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: _____