



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: \$3740.00

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: Comcast - Freddie Smith Phone: 916-281-1243
Address: 1242 National Dr. City: Sacramento State/Zip: CA/95834

Contractor / Designer: Same as applicant: []
Name/Company: _____ Contact Name: Sydnie Saelee
Address: _____ City: _____ State/Zip: _____
Phone: 209-319-3104 e-mail: sysaelee@sefnco.com

Contractor License: Insurance on file with LDE?: Y [] N [] If no, please provide complete contact info above.
City of Modesto: _____ State / Type: 913292 / C-7, A

Work / Project Description: _____ JB1479119

Site Area SF: _____ Existing Zoning: _____ # Proposed Units: _____
Proposed Zoning (If applicable): _____
Building Area SF: _____ # 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 []
Is this a Boring Project? Y [] N []x Quantity _____ Size _____
Where is it located? Check all that apply. Horizontal [] Across [] Street [] Dirt [] PUE [] Sidewalk [] New Vault []

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 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
Max Kaderabek
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

Owner (Signature)

Owner (Print Name)