

APN _____ - _____ - _____

Madera County Plot Plan



I declare under penalty of perjury under the laws of the State of California that the foregoing and attached information forms are true and correct.

Signature _____ Print Name _____ Date _____

Scale _____ = _____

Site APN _____ - _____ - _____ Total Project Sq. Ft. _____ Date _____
 Owners Name _____ Address _____
 City _____ State _____ Zip Code _____ Phone () _____
 Owners Email Address _____
 Applicant Name _____ Address _____
 City _____ State _____ Zip Code _____ Phone () _____
 Site Address _____ City _____ Zip _____
 Applicant's Email Address _____

Licensed Contractor Information: Company Name: _____
 License Class: _____ License Number: _____ Madera County Business License Number _____
 License Holders Name: _____ Phone Number: _____
 Contractors Email Address: _____

Description of work requested: _____

"Will the proposed construction conflict with any recorded or unrecorded easement on the property?" Yes No _____ initial
 "Will the construction conflict with any above-ground or below-ground utility lines, pipelines, cables or structures?" Yes No _____ initial

Number of Proposed water closets. _____ Number of Bedrooms _____

Occupancy Group and Type:

Area Number	Occupancy Group	Construction Type	Area Usage	Area in Sq. Ft.
1				
2				
3				
4				
5				
6				

Information **required** to be depicted on the plot plan shall include the following; All Property lines and dimensions, all structures existing and proposed, all rights-of-way, all public utilities easements, all access easements, and any other encumbrances that may effect land use.

Planning Department

Use Zone _____ Permit # _____
 Front (R-O-W) _____ min. Side _____ min. Side _____ min. Rear _____ Min.
 Planner _____ Date. _____
 Road Impact Zone _____
 Conditions: _____

Environmental Health: Sewer Aerobic Septic

Capacity: _____
 REHS _____ Date _____

Engineering Department. Districts involved Yes

- District/Service area _____ Water Sewer Current allocation is adequate
- Additional Allocation Required _____

Date. _____ By: _____

Fire Department: Fire Mitigation Fee. \$ _____

Comply with attached conditions.

Reviewed By. _____

Road Department Encroachment Permit Required
 Mitigation Trust \$ _____ Hwy 41 Impact \$ _____ 41/417 Trust \$ _____
 Cnty Rd. Impact \$ _____ SA 10 Trust \$ _____ Total Fees \$ _____

Approved by: _____ Date: _____

Special Flood Area

- Structure is not located with in a SFHA
- Portion of parcel is located in the SFHA Plot plan to show SHA
- New structure located in a SFHA
- Existing Structure
- Structure built prior Aug. 4, 1987
- Built or substantially Improved after Aug. 4, 1987 By: _____ Date: _____