

**CITY OF MODESTO**  
**APPLICANT'S INFORMATION TRANSMITTAL SHEET**

DATE \_\_\_\_\_ BLDG. PERMIT NO. \_\_\_\_\_ APN NO. \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_

TIDEMARK DESCRIPTION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Modesto Municipal Code Section 9-1.611 requires that a design professional in responsible charge be responsible for reviewing and coordinating submittal documents prepared by others including phased and deferred submittal items for compatibility with the design of the building. Please provide the required information for that person in the box below.

|                       |                   |
|-----------------------|-------------------|
| Name _____            | Company _____     |
| Mailing Address _____ |                   |
| Phone No. _____       | FAX No. _____     |
| Email Address _____   | License No. _____ |

In order for each city department to provide timely response during the reviewing process, you must provide the appropriate contact information. The information you provided on the Plan Check Submittal Form will identify the departments below that require contact information. Applications will not be processed without all the required contact information.

|   |  |
|---|--|
| <b>FOR OFFICE USE ONLY</b>                                      |  |
| <input type="checkbox"/> Residential (Clearance)                | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Tenant Improvement                     | <input type="checkbox"/> Change of Use/Occupancy |
| <input type="checkbox"/> Do Not Return Plans to Building Safety | <input type="checkbox"/> Do Not Label Bin        |
| <input type="checkbox"/> Return Plans to Building Safety        |  |

**CITY DEPT.                      APPLICANT'S CONTACT INFORMATION**

|  |  |
|--|--|
| <p><b>Fire</b></p> <p><input type="checkbox"/></p>                         | <p>Contact Person _____ Company _____</p> <p>Mailing Address _____</p> <p>Phone No. _____ FAX No. _____ E-Mail Address _____</p> |
| <p><b>Land Development Engineering</b></p> <p><input type="checkbox"/></p> | <p>Contact Person _____ Company _____</p> <p>Mailing Address _____</p> <p>Phone No. _____ FAX No. _____ E-Mail Address _____</p> |
| <p><b>Storm Water</b></p> <p><input type="checkbox"/></p>                  | <p>Contact Person _____ Company _____</p> <p>Mailing Address _____</p> <p>Phone No. _____ FAX No. _____ E-Mail Address _____</p> |

BUILDING PERMIT NO. \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_

**Planning**

|                       |               |                      |
|-----------------------|---------------|----------------------|
| Contact Person _____  | Company _____ |                      |
| Mailing Address _____ |               |                      |
| Phone No. _____       | FAX No. _____ | E-Mail Address _____ |

**Landscape Plans**

|                       |               |                      |
|-----------------------|---------------|----------------------|
| Contact Person _____  | Company _____ |                      |
| Mailing Address _____ |               |                      |
| Phone No. _____       | FAX No. _____ | E-Mail Address _____ |

**Environmental Services**  
(Industrial Pretreatment, Grease Interceptor)

|                       |               |                      |
|-----------------------|---------------|----------------------|
| Contact Person _____  | Company _____ |                      |
| Mailing Address _____ |               |                      |
| Phone No. _____       | FAX No. _____ | E-Mail Address _____ |

**Garbage Enclosure Recycle**

|                       |               |                      |
|-----------------------|---------------|----------------------|
| Contact Person _____  | Company _____ |                      |
| Mailing Address _____ |               |                      |
| Phone No. _____       | FAX No. _____ | E-Mail Address _____ |

**Attorney's Office**

|                       |               |                      |
|-----------------------|---------------|----------------------|
| Contact Person _____  | Company _____ |                      |
| Mailing Address _____ |               |                      |
| Phone No. _____       | FAX No. _____ | E-Mail Address _____ |

**CFF /CFD Administration**

|                       |               |                      |
|-----------------------|---------------|----------------------|
| Contact Person _____  | Company _____ |                      |
| Mailing Address _____ |               |                      |
| Phone No. _____       | FAX No. _____ | E-Mail Address _____ |

**Building Safety**

|                       |               |                      |
|-----------------------|---------------|----------------------|
| Contact Person _____  | Company _____ |                      |
| Mailing Address _____ |               |                      |
| Phone No. _____       | FAX No. _____ | E-Mail Address _____ |