



DEVELOPMENT SERVICES DEPARTMENT
156 S. Broadway Suite 150
Turlock, CA 95380

Estimate #: _____

Rev. 11/17/08 FB

Request for Development Fee Estimate

PLEASE FILL OUT ONE APPLICATION FOR EACH BUILDING. ALL FIELDS MUST BE COMPLETED TO ENSURE THE ACCURACY OF THE ESTIMATE. IF THE FIELDS ARE NOT COMPLETE THEN ASSUMPTIONS WILL BE MADE THAT CAN DRASTICALLY AFFECT THE ACCURACY OF THE FEE ESTIMATE.

Project Site Address: _____ APN #: _____

Applicant: _____

Contact Person: _____ Email Address: _____

Contact Phone #: _____ Contact Fax #: _____

Project Description: _____

Is this project: New Construction Remodel Addition

Have you had or requested a Pre-Development meeting? Yes No

From the list below, please **check** the plumbing fixtures and **list the quantities** utilized for this project:

- | | | |
|--|---|--|
| <input type="checkbox"/> Bath Tub _____ | <input type="checkbox"/> Urinal _____ | <input type="checkbox"/> Receptor (Commerical Sinks, Dishwashers, Air Washers) _____ |
| <input type="checkbox"/> Shower (Single Stall) _____ | <input type="checkbox"/> Sink (Service) _____ | <input type="checkbox"/> Receptor (Floor Sink, Refrig., Coffee Urns, Water Stations) _____ |
| <input type="checkbox"/> Sink (Kitchen) _____ | <input type="checkbox"/> Drinking Fountain _____ | <input type="checkbox"/> Urinal Trough Per 2 Ft. _____ |
| <input type="checkbox"/> Wash Basin _____ | <input type="checkbox"/> Sink (Industrial, Comm, Sch) _____ | <input type="checkbox"/> Shower (Gang) Per Shr. Hd. _____ |
| <input type="checkbox"/> Water Closet _____ | <input type="checkbox"/> Wash Basin (Commerical) _____ | <input type="checkbox"/> Interceptor (Grease, Oil, Solids) _____ |
| <input type="checkbox"/> Dishwasher _____ | <input type="checkbox"/> Floor Drain 2" _____ | <input type="checkbox"/> Interceptor (Sand Auto Wash) 4" _____ |
| <input type="checkbox"/> Clothes Washer _____ | <input type="checkbox"/> Floor Drain 3" _____ | <input type="checkbox"/> Interceptor (Sand, Auto Wash) 3" _____ |
| <input type="checkbox"/> Laundry Sink _____ | <input type="checkbox"/> Floor Drain 4" _____ | |
| <input type="checkbox"/> Bar Sink _____ | | |

From the list below, please check the most appropriate building use for this project:

- | | | |
|--|---|---|
| <input type="checkbox"/> Residential Low Density | <input type="checkbox"/> Residential Medium Density | <input type="checkbox"/> Residential High Density |
| <input type="checkbox"/> Office | <input type="checkbox"/> Retail Service | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Gas Station | <input type="checkbox"/> Fast Food Resturant |
| <input type="checkbox"/> Church | <input type="checkbox"/> Mini-Storage | <input type="checkbox"/> High Turnover Resturant |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Business Park |
| | <input type="checkbox"/> Private School | <input type="checkbox"/> Car Wash (Drive Thru) |
| | | <input type="checkbox"/> Grocery Store |
| | | <input type="checkbox"/> Auto Care Ctr. |
| | | <input type="checkbox"/> Indoor Sports |
| | | <input type="checkbox"/> Medical Office |

Will this project require a new domestic water service? If yes, what size?

- Not Applicable 1" or less 1-1/2" 2" 3" 4" 6" 8"

Will this project require a new landscaping water service? If yes, what size?

- Not Applicable 1" or less 1-1/2" 2" 3" 4" 6" 8"

Specify the total lot square footage: _____

Specify total square footage proposed structure or addition: _____

Type of construction (i.e. VN, III-N, etc.): _____

Valuation of construction (estimated at a professional contractors rate): _____

Will this project have multiple suites or units? Yes No If yes, specify # of units, square footage, and use for each:

If non-residential, specify total number of parking spaces added with this project: _____

If a restaurant, specify the total number of patron seats: _____

Specify the number of electrical sub panels: _____

Specify horsepower and number of any motors incorporated in this project (i.e. pumps, condensers, ect.): _____

Specify the number and type of electrical fixtures (i.e. lights, elec. receptacles, etc.): _____

Specify any equipment to be installed (i.e. air conditioners, transformers, saws, blowers, paint booths, wood working equip., processing equip., vehicle lifts, ect.): _____

For residential projects, specify number of bedrooms: _____

If multi-family residential, specify total number of units: _____

If residential addition or remodel, specify total square footage of new on site concrete (i.e. driveways, sidewalks, etc.): _____

Comments or additional information:

Receipt of a fee estimate does not imply that the use identified in the sheet is permitted on the property described. You are urged to contact the Planning Division to determine the zoning and approval process that may be required for your proposed project. Planning Permit fees associated with the subdivision of land are not included as part of this fee estimate. For an estimate of those fees, please contact the Planning Department at (209) 668-5640.

Signature: _____ Date: _____

Please fax, mail, or hand-deliver the completed and signed form to: ***City of Turlock Development Services Department
Engineering Division
156 S. Broadway Suite 150
Turlock, CA 95380
Or Fax To: (209) 668-5563***

Note: The accuracy of our development fees estimate is dependent upon the exactness of the information, which the applicant provides. This estimate does not include Water/Sewer Permits, Encroachment, Grading, or Fire Prevention Permits, Plan Processing, or Community Financing Fees. Those permits and fees are in addition to Development Fees.