# SITE PLAN

To help us serve you better, an accurate site plan based upon the attached checklist is required. Incomplete site plans will result in processing delays. If you have any questions, please give us a call and we'll be happy to assist you.

NORTH ARROW REQUIRED

PROPERTY OWNER NAME _____

DAYTIME PHONE NUMBER _____

PROJECT SITE ADDRESS _____

ASSESSOR PARCEL NUMBER _____

CONTACT NAME _____

CONTACT DAYTIME PHONE _____

SCALE: Each square = _____feet

I certify that this plan is true and complete to the best of my knowledge. I understand that the processing of my application may be delayed if required information is inaccurate or omitted from this site plan. The property owner is the responsible party if information is false or inaccurate.


**MARIPOSA COUNTY DEVELOPMENT SERVICES**

**BUILDING DEPARTMENT • HEALTH DEPARTMENT • PLANNING DEPARTMENT**

**209-966-3934 209-966-2220 209-966-5151**


_____

Authorized party signature

Date _____