TRINITY COUNTY PLANNING DEPARTMENT

Requirements for a Complete Planning Director's Issued Use Permit Application - COMMERCIAL CANNABIS VARIANCE RENEWAL APPLICATION

The following items are **REQUIRED** for a complete application:

- COMPLETED AND SIGNED APPLICATION FORM
- 8 ½" x 11" SITE PLAN drawn to scale showing proposed and existing development, particularly the location of buildings, driveways, wells, etc. and their distance from property lines. Indicate other information pertinent to the project (see example site plan). For sign permits also include location of the sign(s) on site plan and a separate detail drawing of the sign providing dimensions, construction materials, and graphic representation of text. (See examples)
- PROPERTY OWNERSHIP/LOCATION MAP with the subject property and all properties within a radius of 300 feet of the subject property clearly identified. Write the property owners names on the parcels. (See example)
- PROPERTY OWNERSHIP LIST providing the names and addresses of all property owners identified on the Property Ownership Map. (See example)
- STAMPED REGULAR #10 SIZE ENVELOPES Addressed to the individuals identified on the Property Ownership List.
- THREE STAMPED REGULAR #10 SIZE ENVELOPES addressed to project applicant/agent for which notices, staff reports, or other correspondence is to be sent.
- SIGNED AND DATED LAND USE ENTITLEMENT FORM *(Please sign and date this form only)*
- AGENT'S AUTHORIZATION FORM is required if the applicant authorizes someone else to act on their behalf, or is not the current owner of the subject site.
- APPLICATION FEE (Please see current fee schedule)

ADDITIONAL INFORMATION FOR MOBILE HOMES
Mobile homes manufactured prior to October, 1973 do not have a roof load rating and require a ramada constructed over them. A separate building permit is required for armadas.

ADDITIONAL INFORMATION FOR SIGN PERMITS
If the proposed sign is within 600 feet of any State Highway either:

a. A State sign permit for the proposed sign(s) must be included in this application; or

b. A letter from the California State Department of Transportation indicating that a State sign permit is not necessary for the proposed sign.

Application Number: _____

TRINITY COUNTY
PLANNING DEPARTMENT
61 AIRPORT ROAD
P.O. BOX 2819
WEAVERVILLE, CA 96093
(530) 623-1351 FAX (530) 623-1353

Application Form For:

PLANNING DIRECTOR'S ISSUED USE PERMIT

- ☐ Mobile Home (Permanent)
- ☐ RV (90 day – year)
- ☐ Sign
- ☐ Accessory Bldg.
- XX Other: COMMERCIAL CANNABIS VARIANCE RENEWAL

APPLICANT

Email: _____

Name: _____ Day Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

PROPERTY OWNER

☐ Check if same as Applicant (If more than one property owner is involved, attach list.)

Name: _____ Day Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

PROPERTY DESCRIPTION

Property location/Address: _____

Assessor's parcel Number(s): _____ Size: _____(acres)

Property's Approx. Elevation: _____

Existing Land Use: _____ Present Zoning: _____ General Plan Designation: _____

REQUEST/INFORMATION

PLEASE COMPLETE NEXT PAGE

INFORMATION REQUIRED FOR MOBILE HOME/RV PERMITS

Year of Manufacture: _____ Roof Load: _____

Living Area (Sq. Ft.): _____ Dimensions: _____

FOR OFFICE USE ONLY

Application Received by: _____

Date: _____

First Hearing: _____

Application Fee: _____

Receipt No.: _____

I hereby certify that I am the owner of record of the property described above, or have authorization to act in behalf of the owner of the owner (note attached), and that this application and all other documents submitted are true and correct to the best of my knowledge and belief.

Applicant's Signature ***Date***

REQUESTED INFORMATION

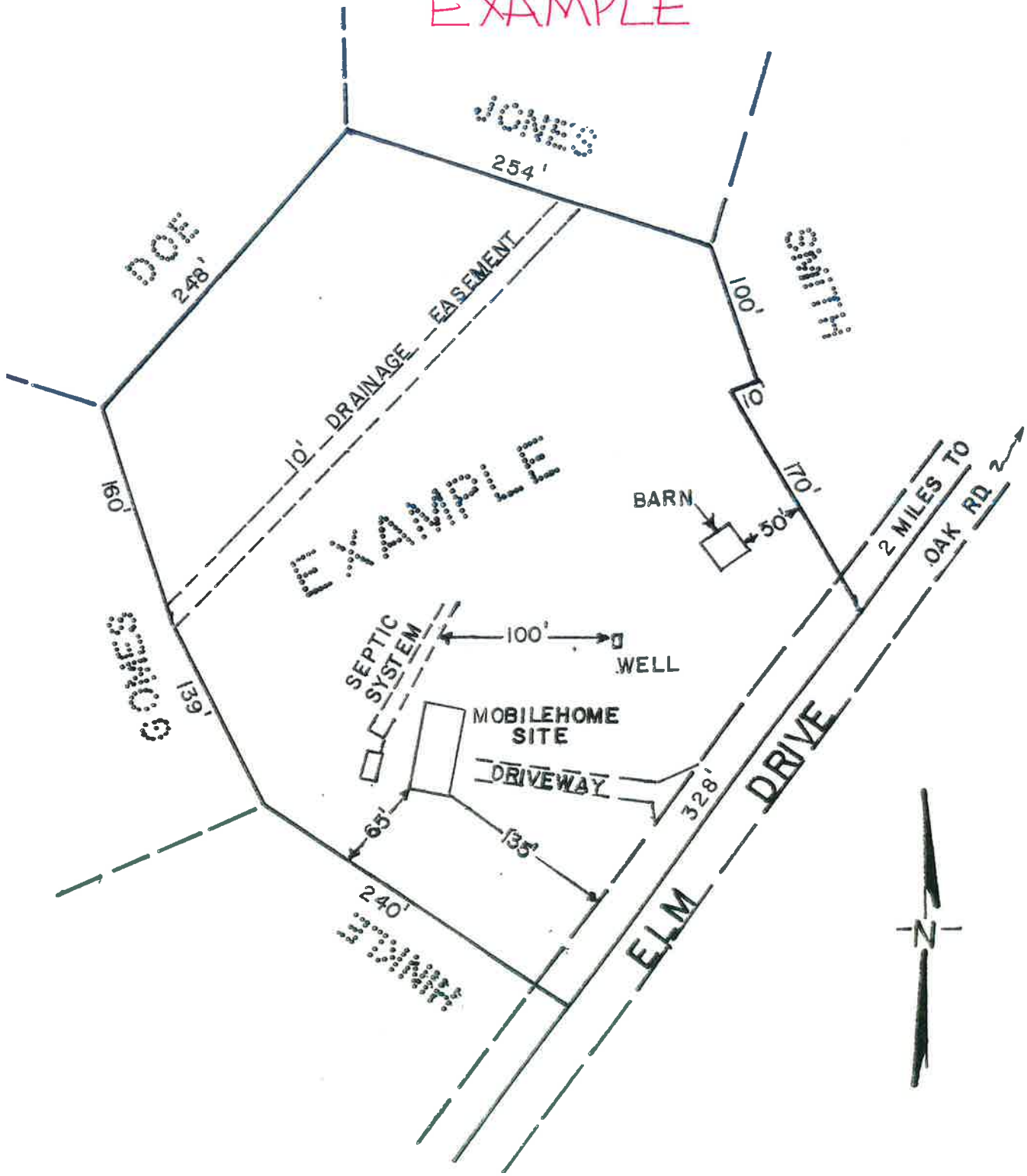
Please describe <u>in detail</u> what it is you want to do

SITE PLAN

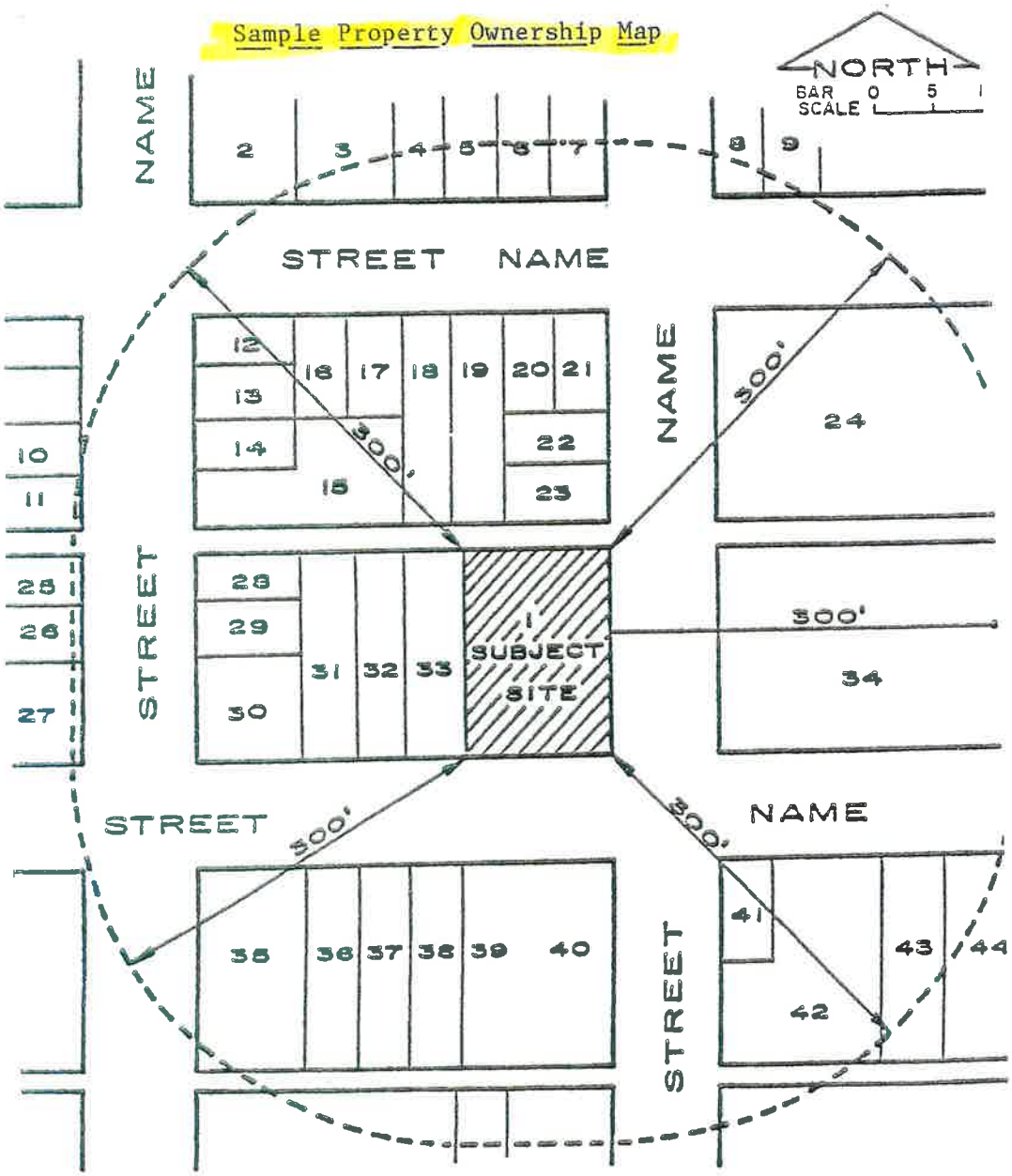
Applicant Prepared Site Plan to Accompany Director's Issued Use Permit Application **Application No.**			
Drawn By:		APN:	
Date:		Zoning:	
Scale:		Lot Area:	

SITE PLAN

EXAMPLE



Sample Property Ownership Map



SAMPLE

PROPERTY OWNERSHIP LIST

1. APN: 000-00-000
   Jean M. Doe
   P.O. Box 123
   Weaverville, Ca.
   96093

2. APN: 12-34-567
   Paula L. Andres
   1600 Stoddard Ave.
   Sacramento, Ca.
   95801

3. APN: 023-33-12
   Jay D. Serd
   P.O. Box 456
   Hayfork, Ca. 96041

4. APN: 10-110-30
   Any Name
   222 Front Street
   Real Town, Ca.
   92817

5. APN: 26-09-09
   Henry Q. Smith
   P.O. Box 789
   Lewiston, Ca.
   96052

6. APN: 15-23-37
   Same Somebody
   85 Fifth Avenue
   New York, NY
   72812

And so forth.

NOTE:

THE PROPERTY OWNERSHIP LIST MUST BE CLEARLY PRINTED OR TYPED ON THE MAILING LABEL. IF YOU NEED ADDITIONAL LABELS, THEY MAY BE OBTAINED AT THE PLANNING DEPARTMENT.

TRINITY COUNTY
PLANNING DEPARTMENT
61 Airport Road ♦ P.O. Box 2819
Weaverville, CA 96093-2819
(530) 623-1351
(530) 623-1353 (fax)

PLANNING LAND USE ENTITLEMENT(S)

Project No.: _____ APN: _____

Project Location: _____

Applicant: _____ Owner: _____
Address: _____ Address: _____
_____ _____

Applicant's Signature _____ Date: _____
(Sign and Date only)

Requested Entitlement(s):

Reviewed By:	**Action Taken:**	**Date:**
☐ Board of Supervisors	_____	_____
☐ Planning Commission	_____	_____
☐ Subdivision Review Committee	_____	_____
☐ Planning Director	☐ Approved ☐ Denied	_____
☐ Architecture Review Committee	_____	_____

Entitlement(s) Granted & Conditions:

Effective Date: _____

_____
LESLIE J. HUBBARD, Deputy Director of Planning

Notes: (1) Approval does not constitute a Building Permit. The Building Department may not issue a permit until the effective date. (2) A use for which a permit is granted must be established within two years after such permit is issued. If such use is not so established, the use permit shall be deemed to have expired and shall be null and void.

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61 Airport Road, P.O. Box 2819
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Weaverville, CA 96093

Agent's Authorization Form

(Required only if Applicant is other than the property Owner)

I, the undersigned, state that I am (one of) the owner(s) of the proposed:

_____(type of proposal)

on Assessor's Parcel Number #_____. I do hereby authorize and empower _____ to act on my behalf on all matters relating to said project in connection with its filing, processing, approval, conditional approval or disapproval by Trinity County, its boards and commissions, officers, employees and agents. Should I revoke this authorization it is my responsibility to serve written notice of said revocation to the County of Trinity by delivery to the Secretary to the Planning Commission.

1.	2.
Signature	Signature
Owner (Print)	Owner (Print)
Address	Address
Phone	Phone
Date:	Date:

RETURN WITH YOUR APPLICATION FORM

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Authorization to Enter Private Property

The Trinity County Planning Department as the lead agency performs the environmental evaluation for the California Environmental Quality Act (CEQA). Other State and local agencies also provide responsible and trustee roles under CEQA. The comments received from these agencies assist the Planning Department in preparing the environmental document for your project. In order for the Department to perform the evaluation on your proposed project we will need your permission to allow entry to your property for **Planning and any reviewing agency** that may need to actually view the property before providing comments.

By signing this authorization to enter your property you are granting the reviewing agencies access to your property for the purpose of evaluating your proposed project. The authorization is valid from the date the Department receives notice of your proposed project and any monitoring periods thereafter.

_____
Print Name

_____
Signature

_____
Date

Director's Use Permit

Use Permit Application	550.00
GP Maintenance Fee	50.00
Building Dept. Fee (RV)	75.00
Environmental Health Fee	76.00
Total	**751.00**