Trinity County Planning Department

Requirements for Tentative Map Applications

The following items are REQUIRED for a complete application:

☐ ORIGINAL AND TEN COPIES OF COMPLETED AND SIGNED APPLICATION FORM

☐ FIFTEEN COPIES OF THE TENTATIVE MAP, all folded to fit within a letter sized file, and one copy reduced to 8.5" * 11". The Tentative Map must be produced by a licensed land surveyor or civil engineer and show the proposed division clearly and legibly with all information outlined in Attachment "A". Map size shall not exceed 18" * 26" unless prior approval is given for a larger size.

☐ LOCATION MAPS that clearly show where the project is located. There should be one that shows what area of the county the project is located in and then one that shows where in the community the project is located. The second map should be fairly detailed. Quad sheets work well. Remember, not all reviewing agencies are familiar with Trinity County.

☐ ORIGINAL AND TEN COPIES OF COMPLETED ENVIRONMENTAL ASSESSMENT FORM.

☐ SIGNED AND DATED PLANNING DEPARTMENT AUTHORIZATION FORM.

☐ 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.

☐ PRELIMINARY TITLE REPORT for each affected parcel involved in project. (Must be current and dated within the last six months)

☐ TWO (2) PERCOLATION TEST RESULTS for each parcel proposed to be served by a new sewage disposal system. Tests must be conducted per County Health Department standards.

☐ PROOF OF WATER, well test or alternate source.

☐ DRAINAGE PLAN for the entire site to be subdivided.

☐ APPLICATION AND ENVIRONMENTAL REVIEW FEES are required at the time the application is submitted to the Planning Division. Projects which necessitate extraordinary work will incur additional cost.
REQUIRED FORM AND CONTENT OF A TENTATIVE MAP

The items listed below are required on a Tentative Map to assure compliance with the Subdivision Map Act and the Trinity County Subdivision Ordinance. An additional purpose of these elements is to ensure that a Tentative Map contains sufficient information to allow County staff and any reviewing body to readily assimilate necessary information and render an accurately informed recommendation or approval.

Key elements which must be shown on the map and form are as follows:

a) A location map at a minimum scale of one inch equals one mile.

b) Names and addresses of owner, subdivider and person who prepared the map.

c) Date map was prepared.

d) North arrow and scale.

e) Proposed lay-out, approximately dimensions, and approximate area of all parcels. Sufficient data to define the boundaries of the land to be subdivided.

f) Adjoining properties with names and assessor parcel numbers.

g) Approximate widths, locations and purposes of all existing and proposed easements.

h) Approximate locations, widths, names and indications of public or private status of all existing or proposed roads lying within or adjacent to the land to be subdivided.

i) Arrows or contours indicating direction of slope and percent of gradient. (If less than 20%, or greater than 30%, gradient may be approximated.)

j) Unless sewage systems already exist on all parcels, or unless both public water and public sewage systems are proposed to serve the parcels, the following features shall be shown to the extent necessary to determine the amount of "usable parcel area" (as defined in the Trinity County Subdivision Ordinance):

1. Approximate boundaries of areas with slopes greater than thirty (30) percent.

2. Approximate boundaries of areas subject to a 10 year flood event, or landslide hazard.

3. Approximate average yearly high water limits of lakes, ponds, reservoirs, rivers, streams and swampy ground. Location of springs and wells.
4. Approximate boundaries of gravel bars, dredge tailings and rock outcrops.

5. Show location of usable acreage on map and indicate the amount of usable acreage under the acreage shown for each parcel.

k) Locations of soil percolation test holes, soil profile pits and test wells. (Each shall be clearly marked on the site.)

l) Must show areas of streams, wetlands, marsh, river and dredge tailings. Regardless of proposed sewage system.

m) Location of existing buildings, fences, wells, sewage disposal systems, culverts, drains, underground structures, over head structures, major excavations and mine shafts.

n) All proposed parcels numbered or lettered consecutively throughout the division.

o) The boundaries of the property to be subdivided shall be indicated with distinctive lines on the map, and proposed parcels shall be readily identifiable on the ground.

p) Existing use of the property.

q) Proposed use of the property.

r) Proposed source of domestic water for each parcel.

s) Proposed method of sewage disposal for each parcel.

t) Proposed means of access to each parcel and proof of access. Proposed roads shall be easily identifiable on the ground.

u) All potential known building sites shall be designated on the map if the slopes are greater than 15%.

v) Location of all rivers, ponds, springs, streams and ephemeral streams.

w) The approximate boundaries of any area with the proposed subdivision which are subject to overflow, inundation or flood hazard shall be shown. A 100 year storm event shall be used for determining such areas and must be designated by the land surveyor or the engineer who prepared the map. A note shall be placed on the map which indicates how the boundaries were arrived at.

x) Any other information as determined by the Planning Commission or Subdivision Review Committee as being necessary to process the tentative map.
TRINITY COUNTY
PLANNING DEPARTMENT
61 AIRPORT ROAD
P.O. BOX 2819
WEAVERVILLE, CA 96093
(530) 623-1351   FAX (530) 623-1353

APPLICATION/SUBdivider
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: __________

PROJECT SURVEYOR/ENGINEER
Name: ___________________________  Day Phone: ___________________________
Address: ___________________________  License No.: _________________________
City: ___________________  State: ________  Zip: __________

PROJECT DESCRIPTION
Property Location/Address: ___________________________
Assessor's Parcel Number: ___________________________  Present Zoning: ___________
Present General Plan: ___________________________  Proposed Zoning if Rezone is required: ___________
Existing Land Use: ___________________________
Number of Proposed Lots: ___________________________  Project Acreage: ___________________________
Subsequent Development Plans: ___________________________

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
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
Agent’s Authorization Form

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

I, the undersigned, state that I am the owner(s) of the property for the proposed (type of proposal)________ on
A.P.N.# __________________. I do hereby authorize and empower (first & last name, no corporate entities)
______________________________________________ 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 Trinity County Planning Department.

1. ____________________________ 2. ____________________________
Signature
Owner (print name)
Address
Phone

Signature
Owner (print name)
Address
Phone

Date
Date

Agent Information:
Name (print name): ____________________________
Agents Address: ____________________________
Agents Phone: ____________________________
Agents Email: ____________________________
Preferred method of contact: _____ email _____ phone _____ US mail
HALT!

YOU ARE SUBMITTING AN APPLICATION THAT MAY BE SUBJECT TO THE CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA).

IT IS A VIOLATION OF THE CALIFORNIA ENVIRONMENTAL QUALITY ACT TO ALTER THE PHYSICAL ENVIRONMENT OF YOUR PROJECT PRIOR TO PROJECT APPROVAL.

DO NOT MAKE CHANGES TO YOUR PROPERTY AS OF NOW!

THANK YOU,

TRINITY COUNTY PLANNING DEPT
ACKNOWLEDGEMENT

OF

MAINTAINING EXISTING SITE CONDITIONS

Application Type/No.: ___________________________ APN: ___________________________

As the property owner of the above stated parcel, I hereby acknowledge that until final approval of the above application by the county of Trinity, no work such as; grading, site development, infrastructure placement, tree removal, construction, trenching, operations or activities requested in the application will be allowed.

I understand that if the project site is altered prior to project approval, the review of the project by the County will be more difficult and potentially expensive and that additional mitigation measures and/or conditions of approval may be imposed. Further, unauthorized work may cause enforcement by other agencies and/or the denial of the application.

I have also instructed my agent and/or the project applicant of the importance of maintaining existing site conditions.

Exception to the above may be approved by the Planning Department upon a written request.

PRINT-Property Owners(s) Name(s)

Signature of Property Owner (1)

Signature of Property Owner (2)

Date
ENVIRONMENTAL QUESTIONNAIRE

This questionnaire is part of an Initial Study that will assist in determining the potential environmental impacts of your proposed project. Additional information may be required to complete an Initial Study.

*** For Office Use Only ***

<table>
<thead>
<tr>
<th>Project No:</th>
<th>Received by:</th>
<th>On:</th>
</tr>
</thead>
</table>

Proposed Project:

General Plan Designation: Zoning:

Planning Commission Date (anticipated):

Subdivision Review Committee Date (anticipated):

Board of Supervisors Date (anticipated):

---

**PLEASE PRINT OR TYPE**

(Use addition sheets if necessary)

Proposed Project:

Location:

Access Road:

Assessor’s Parcel No.: Project Acreage:

Owner: Telephone:

Mailing Address:

Applicant/Agent: Telephone:

Mailing Address:
Environmental Checklist

Please describe the existing conditions of the project location (extent of structures and type of use):

________________________________________

________________________________________

________________________________________

AESTHETICS

1. Is your project located in or near:
   
   Historic District          □ Yes □ No
   State Scenic Highway       □ Yes □ No
   Scenic, Wild or Recreational River □ Yes □ No

2. Type of exterior lighting proposed: ____________________________

3. Will the project obstruct scenic views from existing residential areas, public lands, public bodies of water or roads? □ Yes □ No

   Explain: ____________________________________________________________

AGRIGULTURAL & TIMBER RESOURCES

1. Is your project currently in a, Williamson Act Contract, Timberland Preserve Contract, Prime Farm Land, Unique Farm Land or Farm Land of Statewide importance? □ Yes □ No

   Explain: ____________________________________________________________

2. Will your project convert agricultural land to a non-agricultural use? □ Yes □ No

3. Will your project convert timberland to a non-timberland use? □ Yes □ No

AIR QUALITY

1. Would any noticeable amounts of air pollution, such as smoke, dust or odors be produced by this project? □ Yes □ No
   If yes, explain: ______________________________________________________

2. Is your project subject to a North Coast Unified Air Quality Management permit? □ Yes □ No

3. Will project development require clearing and disposal of vegetation? □ Yes □ No
Environmental Checklist

4. Will your project involve the operation of industrial equipment? (rock crushers, smoke stacks, milling equipment, etc.)
   □ Yes  □ No
   
   If yes, explain: ____________________________________________________________

   ____________________________________________________________

BIOLOGICAL RESOURCES

1. What is the predominant vegetative cover on the site? (trees, brush, grass, etc.) Estimate % of each:
   ____________________________________________________________

2. How many trees of 6 inch diameter or larger will be removed when this project is implemented:
   ____________________________________________________________

3. Has a Timber Harvest Plan been filed in conjunction with the project?  □ Yes  □ No
   (If yes, indicate plan number)
   ____________________________________________________________

4. Are there any known candidate, sensitive, or special status species located on or near the project site?
   □ Yes  □ No  (Local, State or Federal)
   ____________________________________________________________

5. Will the project affect any wetland, riparian habitat or other sensitive natural community through removal, filling, hydrological interruption or other means? □ Yes  □ No
   Please explain: ____________________________________________________________

   ____________________________________________________________

6. Is your project located within a Deer Winter Range area?  □ Yes  □ No

7. Has a biological assessment been performed on the property?  □ Yes  □ No
   If yes please attach a copy.

CULTURAL RESOURCES

1. Are there any known:
   Archeological Sites  □ Yes  □ No
   Indian Sites  □ Yes  □ No
   Historical Sites  □ Yes  □ No
   Burial Sites  □ Yes  □ No

   If yes, please indicate on the site map.
Environmental Checklist

GEOLOGY AND SOILS

1. Slope of property: _____ 0 to 10% _____ 10 to 15% _____ 15 to 30% _____ Over 30%
   (Please indicate amount of property in each category)

2. Are there any soil settlement, rock falls or landslides on or adjacent to the property? □ Yes  □ No
   If yes, please indicate on site map.

3. Describe changes in grade or contours resulting from project development: _______________________
   ________________________

4. Please estimate the amount of soil disturbance that will occur during the project. __________
   (Building site, grading, road development, etc.)

5. Is there any existing sewage disposal system?  □ Yes      □ No

   If Septic:
   Tank Size: _____  Leach Field Length: _____  Permit or Installation date: ______________
   What does the system consist of: _______________________________________________________
   What structures if any are currently connected: ___________________________________________
   If house, how many bedrooms? ______________
   Original System Owner: ________________________________________________________________

   If Sewer:
   System Name: ________________________________________________________________

   If a new septic system is proposed, please indicate the following:
   Tank Size: _____  Leach Field Length: _____  If house, number of rooms: __________

HYDROLOGY AND WATER SUPPLY

1. Are there any streams, lakes, ponds, wetlands, vernal pools, wet meadows, or perennially wet areas located on or near the project site?
   □ Yes      □ No  If yes, please indicate on the site map. Water body name? ______________

2. What is the distance from the proposed sewage disposal area to the nearest body of water, river, stream, or drainage:
   ____________________________________________
Environmental Checklist

3. Is the project located within the floodplain of any stream or river? □ Yes □ No
   Please indicate any portion of the project that is located within the floodplain on the site map.

4. Will the project result in the direct or indirect discharge of silt or any other particles in noticeable amounts into any lakes, rivers or streams? □ Yes □ No
   If yes, in what way? ____________________________________________________________

5. Will the project result in the physical alteration of a natural body of water or drainage way? □ Yes □ No
   If yes, in what way? ____________________________________________________________

6. What is the proposed water source:
   □ Spring □ Deep Well □ Stream/River □ Community System
   Name of Stream/River or Community Water System: ________________________________

HAZARDS OR HAZARDOUS MATERIAL

1. Will the project involve the application, use or disposal of potentially hazardous materials, including pesticides, herbicides, other toxic substances or radioactive material? □ Yes □ No
   If yes, please explain: __________________________________________________________

2. Is the project located on a site which is included on a list of hazardous material sites? □ Yes □ No

3. Is the project located within 2 miles of an existing airport? □ Yes □ No

4. Is the project located within 2 miles of a school? □ Yes □ No

5. Could the project create new or aggravate existing health problems (including, but not limited to flies, mosquitoes, rodents and other disease vectors)? □ Yes □ No
   If yes, please explain: __________________________________________________________

MINERAL RESOURCES

1. Will the proposed project result in the removal of a natural resource for commercial purposes (including rock, sand, gravel, trees, minerals or top soil)? □ Yes □ No
   If yes, please explain: __________________________________________________________
Environmental Checklist

COMMERCIAL, INDUSTRIAL, INSTITUTIONAL ONLY
(Including land divisions for such uses)

1. Type of use: ______________________________________________________

2. Hours of Operation: ______________________________________________

3. Total Number of Anticipated Employees: ____________________________

4. Number of Employees per Shift: ____________________________________

5. Gross Square Footage: ____________________________________________

6. Proposed Construction Starting Date: ________________________________

7. Number of Parking Spaces provided: ________________________________

NOISE

1. What types of noise would be created by the establishment of this land use, both during and after construction? ____________________________________________________________

POPULATION AND HOUSING

Residential

1. Total lots to be created: _________ Total Dwelling Units to be created: _________

2. What school district will the project be located in? ________________________________

3. Please indicate:
   Approximate unit/house size? __________________________ Sq. Ft.
   Approximate sale price or rent? _________________________
   Type of household size expected? ___________________________

UTILITIES

1. What communication system supports the project area? ____________________________
   (Verizon, Pac Bell, etc.)

2. Is the project area be served by Cable? □ Yes □ No System: ___________________________
Environmental Checklist

3. Is there power available at the project site?  □ Yes  □ No
   If so, what company? ________________________________

4. Will the project require the extension of existing utility lines or systems?  □ Yes  □ No
   If yes, please identify system and give distance: ________________________________

FIRE PROTECTION

1. In what fire district is the project located? ________________________________

2. How far is the nearest emergency source of water for fire protection and what is it?
   (pond, hydrant, etc.) ________________________________

3. What is the distance to the nearest fire station?
   Seasonal: ________________________________ Year Round: ________________________________

4. Will the project create any dead-end roads greater than 600 feet in length?  □ Yes  □ No
   (If yes, please indicate on site plan.) ________________________________

5. What is the proposed grade and width of access roads? ________________________________

TRANSPORTATION

1. Will the project use existing roads?  □ Yes  □ No
   If yes, please indicate the primary access road: ________________________________
   Please list all roads that may be affected by your project: ________________________________

2. If your project encroaches onto a state highway, please indicate highway, post mile, and nearest
cross street: ________________________________

3. If the project encroaches onto a public road, do you have an encroachment permit?  □ Yes  □ No
   If yes, please attach a copy. ________________________________

4. Please indicate amount and type of traffic, which will be created by the project: ____________

5. If commercial or industrial, please indicate expected vehicle size _________ axles.
Environmental Checklist

6. Please indicate daily trip generation rate: _______________________

7. Will the project increase hazards due to a design feature (e.g. sharp curves or dangerous intersections) or incompatible uses (e.g. farm equipment)? □ Yes □ No
   If yes, please explain: ____________________________________________

GROWTH INDUCING IMPACTS

1. Will the project result in the introduction of activities not currently found within the community? □ Yes □ No
   If yes, please explain: ____________________________________________

2. Could the project serve to encourage development of presently undeveloped areas, or increases in development intensity of already developed areas (examples include the introduction of new or expanded public utilities, new industry, commercial facilities or recreation activities)?
   □ Yes □ No If yes, explain: _________________________________________

PROPOSED PROJECT SCHEDULING

1. Please indicate proposed project schedule (proposed construction start date, etc.) _____________

2. If the project is subject to any grant deadlines please indicate:
   Grant Source: _________________________________________________
   Contact Person: _______________________________________________
   Grant Deadline(s): _____________________________________________

3. If the project has federal grant funding, which agency will be responsible for N.E.P.A. processes?
   _______________________________________________
   Contact Person: _______________________________________________
Schedule

Free

Department

Planning

Trinity County

Fees Effective July 1, 2010

Fax (530) 623-1353
(530) 623-1351
Weaverville, CA 96093
P.O. Box 2819

Trinity County Planning Department

Industrial Uses exceeding 20,000 sf.

Class 3: Commission Issued Permits For Commercial or
Industrial Use Exceeding 20,000 sf.

Class 2: Director Issued Permits

Class 1: All Director Issued Permits

Use Permit Fee Classification:

$5,000

Community Plan Phase:

Community Plan Fee:

City Plan Fee:

0.75%

Noise Element:

Safety Element:

Housing Element:

Conservation Element:

Open Space/Conservation Element:

Land Use Element:

Subdivision Ordinance:

Zoning Ordinance:

Misc. Fees:

$2,500.00

Company Clerk Fee:

HFB Application Fee:

HFB Application Prepared:

Effective 1/1/13

First & Game Fees

Compliance (NEPA)

National Environmental Quality Act

Compliance (CEQA)

California Environmental Quality Act

GIS Maps

Code Enforcement

Private Road Naming

Addressing

Reserves

General Plan Amendments

Proclamation Development Review

Proclamation Development Permits

Seasonal RV Permits

Director’s Permits

Conditional Use Permits

Certificate Maps

Variances

Amendments

Lot Line Adjustments

Planning Department Services:
### Table: Project Breakdown

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning Dept.</td>
<td>Surveying, Soil Health Analysis</td>
<td>$3,900</td>
</tr>
<tr>
<td>Planning Dept.</td>
<td>Building Survey, Environmental Study</td>
<td>$2,300</td>
</tr>
<tr>
<td>Environmental Review</td>
<td>Preliminary Site Review, Environmental Impact Assessments</td>
<td>$2,200</td>
</tr>
<tr>
<td>Environmental Review</td>
<td>Site Planning, Wetlands Survey</td>
<td>$2,300</td>
</tr>
<tr>
<td>Environmental Review</td>
<td>Cultural Resources Survey, Site Impact Assessments</td>
<td>$2,200</td>
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<td>$2,300</td>
</tr>
</tbody>
</table>

### Notes:
- Total budget for environmental review is $11,300.
- Additional costs may be incurred for unforeseen issues.
- Budgets are subject to approval by the planning commission.
- All costs are preliminary estimates and subject to change.