REQUIREMENTS FOR:
TENTATIVE MAP APPLICATIONS

The following items are REQUIRED for a complete application:

☐ ORIGINAL COMPLETED AND SIGNED APPLICATION FORM

☐ 3 COPIES OF THE TENTATIVE MAP, all folded to fit within a letter sized file, and 1 copy reduced to 8.5" x 11" (letter size). 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" x 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 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 ENVIRONMENTAL QUESTIONNAIRE/ASSESSMENT FORM

☐ SIGNED AND DATED PLANNING DEPARTMENT AUTHORIZATION FORM

☐ SIGNED AND DATED TCCDS INDEMNIFICATION FORM

☐ SIGNED AND DATED ACKNOWLEDGEMENT OF MAINTAINING EXISTING SITE CONDITIONS FORM

☐ COMPLETED AGENT AUTHORIZATION FORM required only if applicant is other than the property owner

☐ 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. Test must be conducted per County Environmental Health Department standards.

☐ PROOF OF WATER, well test or alternate source.

☐ DRAINAGE PLAN for the entire site to be subdivided.

☐ APPLICATION FEES 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.

☐ SIGN AND DATE APPLICATION

Additional material may be required upon review of the application.
REQUIRED FORM AND CONTENT OF A TENTATIVE MAP – Attachment A

The item 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 for 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. Name and addressed of owner, sub-divider and person who prepared the map.
C. Date map was prepared.
D. North arrow and scale.
E. Proposed layout, approximately
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 indication direction of slope and percent of gradient. (If less than 20%, or greater than 30%, gradient may be approximated.)

Unless sewage systems already exist on all parcels or unless both public water and public sewage system 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 limit 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.

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

K. Must show areas of streams, wetlands, marsh, river, and dredger tailings. Regardless of proposed sewage system.

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

M. All proposed parcels numbered or lettered consecutively throughout the division.

N. 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.

Additional material may be required upon review of the application.
Application for
TENTATIVE MAP / SUBDIVISION MAP

APPLICANT
Name: ____________________________ Email: ____________________________ Day Phone: ____________________________
Mailing Address: ____________________________
City: ____________________________ State: ____________________________ Zip: ____________________________

PROPERTY OWNER □ Check if same as Applicant
Name: ____________________________ Email: ____________________________ Day Phone: ____________________________
Mailing Address: ____________________________
City: ____________________________ State: ____________________________ Zip: ____________________________

If more than one parcel owner, attach an additional page.

PROJECT SURVEYOR/ENGINEER
Name: ____________________________ Email: ____________________________ Day Phone: ____________________________
Mailing Address: ____________________________ License No. ____________________________
City: ____________________________ State: ____________________________ Zip: ____________________________

PROPERTY/PROJECT DESCRIPTION
Property location/Address: ____________________________
Assessor's Parcel Number: ____________________________ Present Zoning: ____________________________
General Plan Designation: ____________________________ Proposed Zone (if rezone is required): ____________________________
Existing Land Use: ____________________________
Number of Proposed Lots: ____________________________ Project Acreage: ____________________________
Subsequent Development Plans: ____________________________

FOR OFFICE USE ONLY
Application Received by: ____________________________
Date: ____________________________
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 (form attached), and that this application and all other documents submitted are true and correct to the best of my knowledge.

Applicant’s Signature ____________________________ Date ____________________________
ENIRONMENTAL QUESTIONNAIRE and CHECKLIST

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.

PLEASE PRINT OR TYPE
(Use additional paper if necessary)

<table>
<thead>
<tr>
<th>Proposed Project:</th>
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<tbody>
<tr>
<td>Location:</td>
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<tr>
<td>Access Road:</td>
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<tr>
<td>Assessor's Parcel Number:</td>
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<tr>
<td>Project Acreage:</td>
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<tr>
<td>Parcel Owner Information</td>
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<tr>
<td>Parcel Owner(s):</td>
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<td>Mailing Address:</td>
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<td>Applicant /Agent Information</td>
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Applicant/Agent please continue to the Environmental Checklist

THIS SECTION FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Project No:</th>
<th>Received by:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Proposed Project:</td>
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<tr>
<td>General Plan Designation:</td>
<td>Zoning:</td>
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<tr>
<td>Planning Commission date (anticipated):</td>
<td>Board of Supervisors date (anticipated):</td>
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</tbody>
</table>
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: _________________________________________________________

AGRICULTURAL & 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: ____________________________________________________________

  ____________________________________________________________

BIOLGICAL 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? (If yes, indicate plan number)
   Yes        No

   ____________________________________________________________

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.
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:  ____________________________

5. 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: _________________________________________________
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.

__________________________________________
Applicant Name  
(*print or type*)

__________________________________________
Applicant Signature

__________________________________________
Date
Trinity County Community Development Services Indemnification Form

The undersigned Applicant(s) and Property Owner(s) hereby agree to the following:

1. Applicant(s) and Property Owner(s) shall defend, indemnify, and hold harmless the County of Trinity ("County"), its elected and appointed officials, officers, employees, agents, contractors and volunteers from any and all claims, actions, proceedings, or liability of any nature whatsoever (including, but not limited to; any approvals issued in connection with any of the above described application(s) by County; any action taken to provide related environmental clearance under the California Environmental Quality Act ("CEQA") by County, its advisory agencies, boards, or commissions, including, but not limited to, appeals boards, Planning Commission, or Board of Supervisors) arising out of, or in connection with, the County’s review or approval of the project or arising out of or in connection with the acts or omissions of the Applicant, its agents, employees or contractors, or relating to any damage to property or persons stemming from the project or the associated commercial cannabis activity. With respect to review or approval, this obligation shall also extend to any effort to attack, set aside, void, or annul the approval of the project, including any contention that the project or its approval is defective because a County ordinance, resolution, policy, standard or plan is not in compliance with local, state, or federal law. With respect to acts or omissions of the Applicant, its agents, employees or contractors, its obligation hereunder shall apply regardless of whether the County prepared, supplied or approved plans, specifications or both. The indemnification shall apply to any damages, costs of suit, attorney fees, or other expenses incurred by the County, its agents, officers, and employees.

2. The obligations of the Property Owner(s) and Applicant(s) under this Indemnification Form shall be a continuing obligation and shall apply regardless of whether the application or any permits, licenses, or entitlements, of any kind, are issued, approved, denied, expired, or terminated.

3. County shall have the absolute right to approve any and all counsel employed to defend the County. To the extent the County uses any of its resources to respond to such claim, action or proceeding, or to assist the defense, the Applicant will reimburse the County upon demand. Such resources include, but are not limited, staff time, court costs, County Counsel’s time at its regular rate for non-County agencies, or any other direct or indirect cost associated with responding to, or assisting in defense of, the claim, action or proceedings.

4. For any breach of this obligation, the County may rescind its approval of the project.

5. Applicant(s) shall not be required to pay or perform any settlement unless the settlement is approved in writing by the Applicant(s), which approval shall not be unreasonably withheld. County must approve any settlement affecting the rights and obligations of the County.

6. This agreement shall be construed and enforced in accordance with the laws of the State of California.

7. In any legal action or other proceeding brought by either party to enforce or interpret this Agreement, the venue shall be the Trinity County Superior Court.

8. Applicant(s) shall pay all court ordered costs and attorney fees.

9. The defense and indemnification of County set forth herein shall remain in full force and effect throughout all stages of litigation including appeals of any lower court judgments rendered in the proceedings.

10. Nothing in this Agreement shall be construed to limit, direct, impede, or influence the County’s review and consideration of the project.

---

| I agree to be bound by and to fully and timely comply with, all of the foregoing terms and conditions. Applicant(s) and Property Owner(s) must sign in blue wet ink. |
| --- | --- | --- |
| Signature | Print Name | Date |
| Signature | Print Name | Date |
| Signature | Print Name | Date |
| Signature | Print Name | Date |
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.

____________________________________
Applicant Name

____________________________________
Applicant Signature

____________________________________
Date
AGENT 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 project ________________________(type of proposal) on A.P.N.# _________________. 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 Trinity County Planning Department.

____________________________  ______________________________
Owner Signature                Owner Signature

____________________________  ______________________________
Owner Name Printed             Owner Name Printed

____________________________  ______________________________
Project Parcel Address         Project Parcel Address

____________________________  ______________________________
Best Contact (Phone or Email)  Best Contact (Phone or Email)

____________________________  ______________________________
Date                          Date

Agent Information:

Name (Print): __________________________

Mailing Address: ________________________

Phone: ________________________________

Email: ________________________________

Preferred Method of Contact: □ Email □ Phone □ U.S. Mail