REQUIREMENTS FOR:
CONDITIONAL USE PERMIT – GENERAL PLAN AMENDMENT – REZONE - VARIANCE

The following items are REQUIRED for a complete application:

☐ COMPLETED AND SIGNED APPLICATION FORM

☐ APPLICATION AND ENVIRONMENTAL REVIEW FEES are required at the time the application is submitted to the Planning Department.

☐ 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 commercial or multiple family residential developments: provide parking area layout (existing & proposed stalls), site landscape plan, and site drainage plan.

☐ SIGNED AND DATED TCCDS INDEMNIFICATON FORM

☐ SIGNED AND DATED PLANNING DEPARTMENT AUTHORIZATION 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.

☐ ENVIRONMENTAL QUESTIONNAIRE/ASSESSMENT FORM must be completed and submitted with each application.

☐ LEGAL DESCRIPTION is required for Rezones and General Plan Amendments which includes both existing area and proposed change which have been prepared by a Licensed Land Surveyor. The legal descriptions must be wet-stamped (surveyor’s stamp with original signature).

☐ ADDITIONAL INFORMATION may be required for Special or Conditional Use Permits. Contact Planning Dept. for details.

☐ LAND USE ENTITLEMENT FORM: Not included in packet, will be discussed and provided at later date.

☐ SIGN AND DATE APPLICATION

Additional material may be required upon review of the application.
Application for

CONDITIONAL USE PERMIT - GENERAL PLAN AMENDMENT - REZONE - VARIANCE

☐ Conditional Use Permit (CUP) ☐ General Plan Amendment (GPA) ☐ Rezone ☐ Variance

APPLICANT

Name: ___________________________ Email: ___________________________
Mailing Address: _______________________________________________________
City: ___________________________ State: ___________ Zip: ___________

PROPERTY OWNER ☐ Check if same as Applicant Email: ___________________________
Name: ___________________________ Day Phone: _______________________
Mailing Address: _______________________________________________________
City: ___________________________ State: ___________ Zip: ___________

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

PROPERTY/PROJECT DESCRIPTION

Property Location/Address: ___________________________ Assessor's Parcel Number(s): _______________________
Present Zoning: ___________________________ Proposed Zoning (if rezone is required): _______________________
Present GPA Designation: ___________________________ Requested GPA Designation: _______________________

PLEASE DESCRIBE IN DETAIL WHAT IT IS YOU WANT TO DO:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Include an accurate scale or notate all key setbacks and distances between key items.
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.

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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.

Applicant Name
(print or type)

Applicant Signature

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 Name Printed

________________________________________
Project Parcel Address

________________________________________
Best Contact (Phone or Email)

________________________________________
Date

Agent Information:

Name (Print):

Mailing Address:

Phone:

Email:

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

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 ***

Project No: ___________________ Received by: ___________________ On: ______________

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
   - State Scenic Highway
   - 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: _____________________________________________________________

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?
   If yes please attach a copy.
   □ Yes  □ No

CULTURAL RESOURCES

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

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: ____________________________