REQUIREMENTS FOR DIRECTOR'S USE PERMIT APPLICATIONS

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.

NOTE: Additional fees may be required after initial application review

☐ SITE PLAN drawn to scale and/or noted setbacks, and north arrow 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 development, provide a parking area layout (existing & proposed stalls), site landscape plan and site drainage plan.

☐ 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

☐ LAND USE ENTITLEMENT FORM

NOTE: Not included in packet, will be discussed and provided at later date.

☐ ADDITIONAL INFORMATION FOR SIGN PERMITS

If the proposed sign is within 600 ft. 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 Dept. of Transportation indicating that a State sign permit is not necessary for the proposed sign.

☐ ADDITIONAL INFORMATION FOR MOBILE HOMES

Mobile homes manufactured prior to October 1973 do not have roof load ratings and require a Ramada constructed over them. A separate building permit is required for Ramada's.

☐ SIGN AND DATE APPLICATION

Additional materials may be required upon review of the application.
# PLANNING DIRECTOR ISSUED USE PERMIT APPLICATION

<table>
<thead>
<tr>
<th>Permit Type</th>
<th>Code</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-1974 Mobile Home</td>
<td>17.27.404(B)</td>
<td>17.30.080(D)</td>
</tr>
<tr>
<td>Detached Accessory Bldg.</td>
<td>17.300.040</td>
<td>Sign</td>
</tr>
<tr>
<td>RV (90-day-yr seasonal)</td>
<td>17.30.080(E)</td>
<td>Floodplain Dev. Permit</td>
</tr>
<tr>
<td>RV (temp const. support)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## APPLICANT

Name: ___________________________  Day Phone: ___________________________
Mailing Address: ___________________________
City: ___________________________  State: ___________________________  Zip: ___________________________

## PROPERTY OWNER

Check if same as Applicant: 

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): ___________________________  Acres: ___________________________
Property's Approx. Elevation: ___________________________
Existing Land Use: ___________________________  Present Zoning: ___________________________  General Plan Designation: ___________________________

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

(an additional sheet of paper is provided)

## 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: ___________________________
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** ___________________________
PROJECT DESCRIPTION

Please provide a detailed project description of the activities you are requesting in as much detail as possible.
Include an accurate scale or notate all key setbacks and distances between key items
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.

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>
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
REQUIREMENTS FOR SIGN PERMITS

An 8 ½ "X 11" page, a drawing of the sign design shall be submitted which shows the following:

1. Width & Height of Sign- width ________ height ________
2. Total Height of Sign incl. post- height ________
3. Type (material) and Size of Post(s)- material ________ W x H x D ________ or Diameter ________
4. Foundation- width ________ depth ________
5. Illuminated or not illuminated. If using direct lighting, describe where/how the fixture will be placed
6. Double or Single Sided (circle type)
7. Site Plan-specify location ____________________________