REQUIREMENTS FOR ARCHITECTURAL REVIEW APPLICATIONS
TC § 17.29C

The following items are REQUIRED for a complete application:
Please include this page when submitting application.

☐ COMPLETED AND SIGNED APPLICATION 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
☐ SITE PLAN and PROJECT DESCRIPTION 8.5” x 11” drawn to scale. Detailing all proposed work to be done.
☐ SIGN INFORMATION see attached worksheet to show dimensions. Please also provide all details of: business name, lettering style, colors, sign material and location of where the sign will be placed.
☐ APPLICATION FEE IS required when submitting the application to the Planning Division.
☐ SIGN AND DATE APPLICATION Please review all forms for signature and date.

Additional materials may be required upon review of the application.

Guidelines for commercial / residential buildings in designated Architectural areas can be found here: https://www.trinitycounty.org/Architectural-Review-Committee
Application for
ARCHITECTURAL REVIEW
TC § 17.29.090 Ordinance No. 315-800

☐ Weaverville    ☐ Lewiston    ☐ Junction City

APPLICANT

Name: ______________________________________________________
Mailing Address: _____________________________________________
City: ___________________________________________ State: ____________ Zip: _____________

Email: ______________________________________________________
Day Phone: ______________________

PROPERTY OWNER

Name: ______________________________________________________
Mailing Address: _____________________________________________
City: ___________________________________________ State: ____________ Zip: _____________

☐ Check if same as Applicant

Email: ______________________________________________________
Day Phone: ______________________

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:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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 ________________

TRINITY COUNTY COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING DIVISION
530 Main St. ∙ PO Box 2819
Weaverville, CA 96093
Phone (530) 623.1351 ∙ fax (530) 623.1353

Application Number

PLANNING-applications-word docs 2022 revisions  TEMPLATE  10.2023 dr
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 Division upon a written request.

______________________________________________

Applicant Name  
(print or type)

______________________________________________

Applicant Signature

______________________________________________

Date                                         Project #
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 Division.

___________________________________          _____________________________________
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
## SITE PLAN

**TRINITY COUNTY PLANNING DEPT. & CANNABIS DIV.**  
APPLICANT PREPARED SITE PLAN

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REQUIREMENTS FOR SIGN PERMITS

On 8 ½ “X 11” paper (provided), 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 (if applicable)- 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 _____________________________________________________________
SIGN WORKSHEET