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.

☐ PROPERTY OWNERSHIP/LOCATION MAP with the subject property and all properties within a radius of 300 feet of the subject property clearly identified.

☐ PROPERTY OWNERSHIP LIST providing the names and addresses of all property owners identified on the Property Ownership Map.

☐ STAMPED REGULAR #10 SIZE ENVELOPES addressed to the individuals identified on the Property Ownership List.

☐ THREE STAMPED REGULAR #10 SIZE ENVELOPES addressed to project applicant or agent for which notices, staff reports, or other correspondence is to be sent.

☐ SIGNED AND DATED FISH & GAME AUTHORIZATION 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 dredger 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 Form For:
TENTATIVE PARCEL MAP/
SUBDIVISION MAP
□ Tentative Parcel Map
□ Tentative Subdivision Map

<table>
<thead>
<tr>
<th>APPLICANT/SUBDIVIDER</th>
<th>Email: ________________</th>
<th>Day Phone: ____________</th>
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<tr>
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<tr>
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<tr>
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<table>
<thead>
<tr>
<th>PROPERTY OWNER</th>
<th>Check if same as Applicant (If more than one property owner is involved, attach list.)</th>
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<tr>
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<tr>
<th>PROJECT DESCRIPTION</th>
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<tr>
<td>Property Location /Address: ______________</td>
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<tr>
<td>Assessor’s Parcel Number: ______________ Present Zoning: ______________</td>
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<tr>
<td>Present General Plan: ______________ Proposed Zoning if Rezone is required: ______________</td>
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<tr>
<td>Existing Land Use: ______________</td>
</tr>
<tr>
<td>Number of Proposed Lots: ______________ Project Acreage: ______________</td>
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<td>Subsequent Development Plans: ______________</td>
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<tr>
<td>Date: ______________</td>
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<tr>
<td>First Hearing: ______________</td>
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<tr>
<td>Application Fee: ______________</td>
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<td>Receipt No.: ______________</td>
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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 ______________
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
Sample Property Ownership Map

Sample Property Ownership List

1. APN: 000-00-000  
   Jean M. Doe  
   P.O. Box 123  
   Weaverville, CA 96093

2. APN: 12-34-567  
   Paula L. Andres  
   1600 Stoddard Ave.  
   Sacramento, CA 95801

3. APN: 023-33-12  
   Jay D. Serd  
   P.O. Box 456  
   Hayfork, CA 96041

4. APN: 10-110-30  
   Any Name  
   222 Front Street  
   Real Town, CA 92817

5. APN: 26-09-09  
   Henry Q. Smith  
   P.O. Box 789  
   Lewiston, CA 96052

And so forth.

NOTE:
The Property Ownership List must be clearly printed or typed on the mailing label, as indicated above. If you need additional labels, they may be purchased at the Planning Department for 30¢ a page, or at various stationery stores and printing shops.
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 (one of) the owner(s) of the proposed

____________________________________ (Type of proposal)

on A.P.N.# __________________________. I do hereby authorize and empower __________________________ (First & Last Name) 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 County of Trinity by delivery to the Secretary to the Planning Commission.

1.
Owner (Print)

Signature

Address

Phone

Date:

3.
Owner (Print)

Signature

Address

Phone

Date:

2.
Owner (Print)

Signature

Address

Phone

Date:
ENIRONMENTAL 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 ***

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 □ 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:__________________________________________________________

____________________________________________________________________

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: ____________________________

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: ____________________

Page 5 of 7
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: _____________________________________________
Trinity County

Planning Department

Fees Effective July 1, 2010

FFax (530) 623-1333
530) 623-1331
Weaverville, CA 96093
P.O. Box 2189
Trinity County Planning Department

Permit Fee Classification:

Class 3: Commission Issued Permits for Commercial or Industrial Uses Exceeding 20,000 Sq. Ft.
Class 2: Director Issued Permits
Class 1: All Director Issued Permits

Misc. Fees:

Community Plan Map:
$ 5,000
Community Plan Map:
$ 0.10/Per
Noise Element:
$ 670
Safety Element:
$ 510
Housing Element:
$ 1020
Community Plan Map:
$ 430
Open Space/Conservation Element:
$ 610
Land Use Element:
$ 218.80
Subdivision/Displacement:
$ 10,050
Zone Ordinance:
$ 22,900

Company Clerk Fee:
$ 50.00
ILR Ref. Prepared:
$ 299.25
ILR Ref. Prepared:
$ 22,162.25

Effective 4/1/13

Planning Department Services:

- National Environmetal Policy Act (NEPA)
- California Environmental Quality Act (CEQA)
- GIS Maps
- Code Enforcement
- Private Road Naming
- Addressing
- Rezones
- General Plan Amendments
- Professional Development Review
- Professional Development Permits
- Seasonal RV Permits
- Director's Permits
- Conditional Use Permits
- Community Maps
- Variances
- Access
- Lot Line Adjustments
- Flood & Game Fees

November 15, 2013
(Revised 7/22/2013)
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**Plan of Operations**

- **Objective 1:** Increase productivity by 10% in the next fiscal year.
- **Objective 2:** Reduce costs by 5% through process optimization.
- **Objective 3:** Expand services to new markets.

**Financial Summary**

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<th>Revenue</th>
<th>Expenses</th>
<th>Net Income</th>
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<td>2025-2026</td>
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**Key Performance Indicators (KPIs)**

- **Customer Satisfaction:** 95%
- **Employee Retention Rate:** 90%
- **On-time Delivery:** 98%

**Strategic Initiatives**

- Implement a new CRM system to improve customer interactions.
- Launch a marketing campaign to increase brand awareness.
- Invest in employee training to enhance skills and productivity.

**Risk Management**

- Identify potential risks and develop contingency plans.
- Regularly review and update risk mitigation strategies.

**Conclusion**

The organization is well-positioned for continued success and growth, with a clear focus on operational excellence and customer satisfaction.