TRINITY COUNTY PLANNING DEPARTMENT

Requirements For Complete Conditional Use Permit, Variance, Rezone, and General Plan Amendment Applications:

The following items are REQUIRED for a complete application:

☐ COMPLETED AND SIGNED APPLICATION FORM

☐ 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 development provide parking area layout (existing & proposed stalls), site landscape plan, and site drainage plan.

☐ 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. A label sheet is included on which to type or print the ownership list – please center and type well within the labels. (see example)

☐ STAMPED REGULAR NO. 10 SIZE ENVELOPES addressed to the individuals identified on the Property Ownership List.

☐ THREE STAMPED REGULAR NO. 10 SIZE ENVELOPES addressed to project applicant/agent for which notices, staff reports, or other correspondence is to be sent.

☐ SIGNED AND DATED LAND USE ENTITLEMENT FORM (Please sign and date this form only)

☐ SIGNED AND DATED FISH & GAME AUTHORIZATION FORM AND THE PLANNING DEPT. 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.

☐ ENVIRONMENTAL 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.

☐ ADDITIONAL INFORMATION may be required for special Use Permit requests, contact the Planning Department for details.

☐ APPLICATION AND ENVIRONMENTAL REVIEW FEES are required at the time the application is submitted to the Planning Department. Projects which necessitate extraordinary work may incur additional costs.
TRINITY COUNTY
PLANNING DEPARTMENT
61 AIRPORT ROAD
P.O. BOX 2819
WEAVERVILLE, CA 96093
(530) 623-1351  FAX (530) 623-1353

Application Form For:
USE PERMIT, VARIANCE,
REZONING & GENERAL
PLAN AMENDMENT

☐ Conditional Use Permit  ☐ Rezone
☐ Variance  ☐ General Plan Amendment

APPLICANT/SUBdivider
Name: ________________________________  Day Phone: ________________________________
Address: ________________________________
City: __________________ State: ___________ Zip: ________________

PROPERTY OWNER  ☐ Check if same as Applicant  (If more than one property owner is involved, attach
list.)
Name: ________________________________  Day Phone: ________________________________
Address: ________________________________
City: __________________ State: ___________ Zip: ________________

REQUEST / INFORMATION
Property Location /Address: ________________________________
Assessor’s Parcel Number: ________________________________  Present Zoning: ________________________________
Present General Plan: ________________________________  Proposed Zoning if Rezone is required: ________________________________
Conditional Use Permit Indicate Proposed Use: ________________________________

Project Information / Development Plans:

FOR OFFICE USE ONLY
Application Received by: ________________________________
Date: ________________________________
First Hearing: ________________________________
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 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: ________________________________
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. Sard
   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. 96092

6. APN: 15-23-37
   Some Somebody
   85 Fifth Avenue
   New York, NY 72812

And so forth.

Note:
The property ownership list must be clearly printed or typed on the mailing label. If you need additional labels, they may be obtained at the planning department.
<table>
<thead>
<tr>
<th>TRINITY COUNTY PLANNING DEPARTMENT</th>
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<tbody>
<tr>
<td>APPLICANT PREPARED SITE PLAN</td>
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<tr>
<td>Application No.</td>
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<tr>
<td>Drawn By:</td>
</tr>
<tr>
<td>Date:</td>
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<td>Scale:</td>
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**PLANNING LAND USE ENTITLEMENT(S)**

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<thead>
<tr>
<th>Project No.:</th>
<th>APN:</th>
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<th>Project Location:</th>
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<tr>
<th>Applicant:</th>
<th>Owner:</th>
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<tr>
<th>Applicant’s Signature:</th>
<th>Date:</th>
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<td>(Please Sign &amp; Date Only)</td>
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**Requested Entitlement(s):**

<table>
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<tr>
<th>Reviewed By:</th>
<th>Action Taken:</th>
<th>Date:</th>
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- [ ] Board of Supervisors
- [ ] Planning Commission
- [ ] Subdivision Review Committee
- [ ] Planning Director
- [ ] Architecture Review Committee

<table>
<thead>
<tr>
<th>Entitlement(s) Granted &amp; Conditions:</th>
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<tr>
<th>Effective Date:</th>
<th>LESLIE J. HUBBARD</th>
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<tr>
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<td>Deputy Director of Planning</td>
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</table>

**Notes:**
(1) Approval does not constitute a Building Permit. The Building Department may not issue a permit until the effective date.
(2) A use for which a permit is granted must be established within two years after such permit is issued. If such use is not so established, the use permit shall be deemed to have expired and shall be null and void.
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 property for the proposed __________________ (type of proposal)
on APN __________________. 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 County of Trinity by delivery to the Secretary to the Planning Commission.

1. Signature __________________
   Owner (print name) __________________
   Address __________________
   Phone __________________
   Date __________________

2. Signature __________________
   Owner (print name) __________________
   Address __________________
   Phone __________________
   Date __________________

3. Signature __________________
   Owner (print name) __________________
   Address __________________
   Phone __________________
   Date __________________
Trinity County Planning Department
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). State law requires that Department employees have permission from the landowner to enter private property. In order for the Department to perform the evaluation on your proposed project we will need your permission to enter your property to conduct an environmental review of your proposed project.

By signing this authorization to enter your property you are granting the Department 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
ENVIROMENTAL 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.
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: _______________________________________________________

Page 4 of 7
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: ____________________

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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

Schedule Fee

Trinity County Planning Department

Fiscal & Game Fees

Effective 1/1/13

Fees Effective July 1, 2010

Trinity County Planning Department

Fax: (530) 623-1333

(530) 623-1321

Weaverville, CA 96093

P.O. Box 2819

Trinity County Planning Department

Compliance (NEPA)

Federal Emergency Management Agency

CA Environmental Quality Act

GEO Maps

Code Enforcement

Private Road Naming

Addressing

Hazes

General Plan Amendments

Production Development Review

Seasonal Forest Permits

Director's Permits

Conditional Use Permits

Termination Maps

Variations

Mini Errata

Local Agency Amendments