



PLANNING & BUILDING SERVICES

CASE NO:	_____
DATE FILED:	_____
FEE:	_____
RECEIPT NO:	_____
RECEIVED BY:	_____
<i>Office Use Only</i>	

APPLICATION FORM

APPLICANT:

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State/Zip: _____ Email: _____

PROPERTY OWNER:

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State/Zip: _____ Email: _____

AGENT:

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State/Zip: _____ Email: _____

ASSESSOR'S PARCEL NUMBER/S: _____

TYPE OF APPLICATION:

- | | | |
|---|---|--|
| <input type="checkbox"/> Administrative Permit | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Use Permit – Cottage |
| <input type="checkbox"/> Agricultural Preserve: New Contract | <input type="checkbox"/> Land Division – Minor | <input type="checkbox"/> Use Permit – Minor |
| <input type="checkbox"/> Agricultural Preserve: Cancellation | <input type="checkbox"/> Land Division – Major | <input type="checkbox"/> Use Permit – Major |
| <input type="checkbox"/> Agricultural Preserve: Rescind & ReEnter | <input type="checkbox"/> Land Division – Parcel | <input type="checkbox"/> Use Permit – Modification |
| <input type="checkbox"/> Airport Land Use | <input type="checkbox"/> Land Division – Re-Subdivision | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Development Review | <input type="checkbox"/> Modification of Conditions | <input type="checkbox"/> Other |
| <input type="checkbox"/> Exception | <input type="checkbox"/> Reversion to Acreage | |
| <input type="checkbox"/> Flood Hazard Development Permit | <input type="checkbox"/> Rezoning | |

I certify that the information submitted with this application is true and accurate.

Signature of Applicant/Agent

Date

Signature of Owner

Date

SITE AND PROJECT DESCRIPTION QUESTIONNAIRE

The purpose of this questionnaire is to relate information concerning your application to the Department of Planning and Building Services and other agencies who will be reviewing your project proposal. Please remember that the clearer picture that you give us of your project and the site, the easier it will be to promptly process your application. Please answer all questions. Those questions which do not pertain to your project please indicate "Not applicable" or "N/A".

THE PROJECT

1. Describe your project. Include secondary improvements such as wells, septic systems, grading, vegetation removal, roads, etc.

2. Structures/Lot Coverage	NO. OF UNITS		SQUARE FOOTAGE		
	EXISTING	PROPOSED	EXISTING	PROPOSED	TOTAL
<input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex <input type="checkbox"/> Multifamily <input type="checkbox"/> Other: <input type="checkbox"/> Other:					
GRAND TOTAL (Equal to gross area of Parcel):					

3. If the project is commercial, industrial or institutional, complete the following:

Estimated No. of Employees per shift: _____

Estimated No. of shifts per day: _____

Type of loading facilities proposed: _____

4. Will the project be phased?

YES NO If yes, explain your plans for phasing:

5. Will vegetation be removed on areas other than the building sites and roads?

YES NO If no, explain:

6. Will the project involve the use or disposal of potentially hazardous materials such as toxic substances, flammables, or explosives?

YES NO If yes, explain:

7. How much off-street parking will be provided?

	Number	Size
No. of covered spaces:	_____	_____
No. of uncovered spaces:	_____	_____
No. of standard spaces:	_____	_____
No. of accessible spaces:	_____	_____
Existing no. of spaces:	_____	_____
Proposed additional spaces:	_____	_____
Total:	_____	_____

8. Is any road construction or grading planned? If yes, grading and drainage plans may be required.

YES NO Also, please describe the terrain to be traversed. (e.g., steep, moderate slope, flat, etc.)

9. For grading or road construction, complete the following:

Amount of cut: _____ cubic yards

Amount of fill: _____ cubic yards

Max. height of fill slope: _____ feet

Max. height of cut slope: _____ feet

Amount of import/export: _____ cubic yards

Location of borrow or disposal site: _____

10. Does the project involve sand removal, mining or gravel extraction? If yes, detailed extraction, reclamation and monitoring plans may be required.

YES NO

11. Will the proposed development convert land currently or previously used for agriculture to another use?

YES NO

12. Will the development provide public or private recreation opportunities?

YES NO If yes, explain how:

13. Is the proposed development visible from State Highway 1 or other scenic route?

YES NO

14. Is the proposed development visible from a park, beach or other recreational area?

YES NO

15. Does the development involve diking, filling, dredging or placing structures in open coastal water, wetlands, estuaries or lakes?

Diking: YES NO

Filling: YES NO

Dredging: YES NO

Structures: Open Coastal Waters Wetlands Estuaries Lakes

If so, what is the amount of material to be dredged/filled?: _____ cubic yards

Location of dredged material disposal site?: _____

Has a U.S. Army Corps of Engineers permit been applied for? YES NO

16. Will there be any exterior lighting?

YES NO If yes, describe below and identify the location of all exterior lighting on the plot and building plans.

17. Utilities will be supplied to the site as follows:

Electricity: Utility Company (service exists to parcel)

Utility Company (requires extension of service to site): _____ feet _____ miles

On Site Generation – Specify:

Gas: Utility Company/Tank

On Site Generation – Specify:

None

Telephone: YES NO

18. What will be the method of sewage disposal?

- Community Sewage System (specify supplier): _____
- Septic Tank
- Other (specify): _____

19. What will be the domestic water source:

- Community Water System (specify supplier): _____
- Well
- Spring
- Other (specify): _____

20. Are there any associated projects and/or adjacent properties under your ownership?

- YES** **NO** If yes, explain: (e.g., Assessor's Parcel Number, address, etc.)

21. List and describe any other related permits and other public approval required for this project, including those required by other County departments, city, regional, State and Federal agencies:

22. Describe the location of the site in terms of readily identifiable landmarks: (e.g., mailboxes, mile posts, street intersections, etc.)

23. Are there existing structures on the property? If yes, describe below and identify the use of each structure on the plot plan or tentative map if the proposal is for a subdivision.

- YES** **NO**

24. Will any existing structure be demolished or removed? If yes, describe the type of development to be demolished or removed, including the relocation site, if applicable.

- YES** **NO**

CERTIFICATION AND SITE VIEW AUTHORIZATION

1. I hereby certify that I have read this completed application and that, to the best of my knowledge, the information in this application, and all attached appendices and exhibits, is complete and correct. I understand that the failure to provide any requested information or any misstatements submitted in support of the application shall be grounds for either refusing to accept this application, for denying the permit, for suspending or revoking a permit issued on the basis of such misrepresentations, or for seeking of such further relief as may seem proper to the County.

2. I hereby grant permission for County Planning and Building Services staff and hearing bodies to enter upon and site view the premises for which this application is made in order to obtain information necessary for the preparation of required reports and render its decision.

Owner/Authorized Agent _____
Date

NOTE: IF SIGNED BY AGENT, OWNER MUST SIGN BELOW.

AUTHORIZATION OF AGENT

I hereby authorize _____ to act as my representative and to bind me in all matters concerning this application.

Owner _____
Date

MAIL DIRECTION

To facilitate proper handling of this application, please indicate the names and mailing addresses of individuals to whom you wish correspondence and/or staff reports mailed if different from those identified on Page 1 of the application form.

Name	Name	Name
Mailing Address	Mailing Address	Mailing Address

COMPLETE FOR PROJECTS
LOCATED IN THE COASTAL
ZONE ONLY

DECLARATION OF POSTING

At the time the application is submitted for filing, the applicant must **Post**, at a conspicuous place, easily read by the public and as close as possible to the site of the proposed development, notice that an application for the proposed development has been submitted. Such notice shall contain a general description of the nature of the proposed development and shall be on the standard form provided in the application packet. If the applicant fails to post the completed notice form and sign the **Declaration of Posting**, the Department of Planning and Building Services cannot process the application.

As **Proof of Posting**, please sign and date this Declaration of Posting form when the site is posted; it serves as proof of posting. It should be returned to the Department of Planning and Building Services with the application.

Pursuant to the requirements of Section 20.532.025(H) of the Mendocino County Code, I hereby certify that on _____ (date of posting), I or my authorized representative posted the "NOTICE OF PENDING PERMIT" for application to obtain a Coastal Development Permit for the development of:

(Description of development)

Located at:

(Address of development and Assessor's Parcel Number)

The public notice was posted at:

(A conspicuous place, easily seen by the public and as close as possible to the site of proposed development)

Owner/Authorized Representative

Date

(A copy of the notice which was posted shall be attached to this form).

NOTE: YOUR APPLICATION CANNOT BE PROCESSED UNTIL THIS "DECLARATION OF POSTING" IS SIGNED AND RETURNED TO PLANNING AND BUILDING SERVICES.

COMPLETE FOR PROJECTS
LOCATED IN THE COASTAL
ZONE ONLY

NOTICE OF PENDING PERMIT

A COASTAL PERMIT APPLICATION FOR DEVELOPMENT ON THIS SITE IS PENDING BEFORE THE COUNTY OF MENDOCINO.

PROPOSED DEVELOPMENT: _____

LOCATION: _____

APPLICANT: _____

ASSESSOR'S PARCEL NUMBER: _____

DATE NOTICE POSTED: _____

FURTHER INFORMATION IS AVAILABLE AT:

COUNTY OF MENDOCINO
DEPARTMENT OF PLANNING & BUILDING SERVICES
pbs@mendocinocounty.org
860 North Bush Street, Ukiah, CA 95482, 707-234-6650
120 West Fir Street, Fort Bragg, CA 95437, 707-964-5379
HOURS: 8:00 - 5:00



COUNTY OF MENDOCINO

DEPARTMENT OF PLANNING AND BUILDING SERVICES

860 NORTH BUSH STREET • UKIAH • CALIFORNIA • 95482

752 SOUTH FRANKLIN ST • FORT BRAGG • CALIFORNIA • 95437

JULIA KROG, DIRECTOR

PHONE: 707-234-6650

FAX: 707-463-5709

FB PHONE: 707-964-5379

FB FAX: 707-961-2427

pbs@mendocinocounty.gov

www.mendocinocounty.gov/pbs

Indemnification And Hold Harmless

ORDINANCE NO. 3780, adopted by the Board of Supervisors on June 4, 1991, requires applicants for discretionary land use approvals, to sign the following Indemnification Agreement. Failure to sign this agreement will result in the application being considered incomplete and withheld from further processing.

Indemnification Agreement

As part of this application, applicant agrees to defend, indemnify, release and hold harmless the County of Mendocino, its agents, officers, attorneys, employees, boards and commissions, as more particularly set forth in Mendocino County Code Section 1.04.120, from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void or annul the approval of this application or adoption of the environmental document which accompanies it. The indemnification shall include, but not be limited to, damages, costs, expenses, attorney fees or expert witness fees that may be asserted by any person or entity, including the applicant, arising out of or in connection with the approval of this application, whether or not there is concurrent, passive or active negligence on the part of the County, its agents, officers, attorneys, employees, boards and commissions.

Date

Applicant



COUNTY OF MENDOCINO

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ACKNOWLEDGEMENT OF DEPOSIT/HOURLY FEE

By signing below, the applicant acknowledges that the staff at Planning and Building Services has discussed the potential for collection of a deposit fee for the projects listed below (as adopted by the Board of Supervisors Resolution No's 11-072, 16-150, 18-122, 19-170 and 23-190)

1. Division of Land Project
2. General Plan Project
3. Coastal Project
4. Zoning Project
5. Administrative Project
6. Cannabis Project
7. Private Road Naming

Once an application has been submitted and the processing costs approach 80% of the application fee, additional staff processing time will be billed at \$98.00/hour. Staff will notify the applicant/owner that a deposit equal to 50% of the initial filing fee is required for further processing, and more than one deposit may be required depending on the complexity of the project and the staff time necessary to complete application processing.

I acknowledge that I was advised of the deposit fee for continued processing after the initial application fee has been expended.

Applicant Signature

Date

OFFICE USE ONLY:

Project or Permit Number _____

Coastal Zone Development

Complete for projects located in the coastal zone only

List all property owners within 300 feet and occupants within 100 feet along with the corresponding Assessor's Parcel Number for each owner/occupant. **This form must be typed.**

APN Lastname, Firstname Street Address City, State Zip		