

Planning Department Permit Application

Date:		(Staff Use) Project #:		
Applicant	Name:			
	Street Address:			
	City:		State:	Zip:
Phone:	City.	Alter	nate Phone:	Σıp.
e-mail:		1 11001		
Property O	wner Name:			
	Street Addre	ss.		
	Street Addre			
	City:		State:	Zip:
Phone:		Alter	nate Phone:	
e-mail:				
Property In	formation Asses	sor's Parcel Nun	ıber(s):	
Address:				
Latitude:		Longitu	ıde:	
Section(s):	Тс	ownship(s):		Range(s):
Zoning:		Genera	Plan Designation	n:
Project Typ	De (Check all that apply	y)		
Condition	nal Use Permit	Tentative Trac	et Map	Mining Reclamation Plan
Variance		Tentative Parc	el Map	Road Abandonment
Zone Rec	classification	Lot Line Adju	stment	Design Review Committee
General I	Plan Amendment	Parcel Merger		Time Extension
Specific 1	Plan	Certificate of	Compliance	Telecom Plan or Amendment
Development Agreement Hosted Short-Term Rental Mobile Home Waiver			Mobile Home Waiver	
Renewable Energy Permit				
Renewab	le Energy Determinat	tion Other		

A	Applicant Name:	
P	Project Descriptio	on Describe in detail Project Proposal(s). Be as specific as possible. Attach additional sheets as necessary.
P	Project Goals	Describe the goals and project benefits (i.e. jobs, housing, services created and revenues generated for the community, etc. Attach additional sheets as necessary.

Submission Requirements

Submittal guidance documents are available on our website for most types of Inyo County Planning permits. Common requirements include but are not limited to this application including the initial deposit, a site plan, and proof of ownership. Projects that have potential impacts to the environment require review under the California Environmental Quality Act (CEQA), and are likely to require additional information from the applicant and/or professionally prepared resource reports.

Property Owner Consent

I certify that I am the owner of the property at the project site, or am the trustee for a trust that owns the property, or an authorized officer for a legal entity that owns the property and that I consent to the submission of this application.

Name:

Date:

Title:

Signature*:

Applicant Certification

I hereby attest that the information contained in this application and any attachments is correct to the best of my knowledge.

Note that if the applicant is other than the property owner, the applicant must be named as an Authorized Agent on the Consent of Property Owner and Designation of Authorized Agent form that is included with the Inyo County Planning Department Permit Application.

Name:	License #
Company:	Date:
Title:	Signature*:

* By signing this application the applicant/property owner agrees to defend, indemnify, and hold the County harmless from any claim, action, or proceeding arising from this application or brought to attack, set aside, void or annul the County's approval of this application, and any environmental review associated with the proposed project.

General Information

Applicant Name:

Property Owner Name:

Address:

APN:

Project Description

Property Size:

Existing Buildings & Structures: (including Square Footage & number of Floors)

Proposed Buildings & Structures: (including Square Footage & number of Floors)

Existing Yard Setbacks: (Front, Side, and Rear)

Distance between Structures:

Parking:

Project Schedule:

Project Phasing:

Provide a detailed description of the project (attach additional sheets as necessary):

- For Residential Projects, Describe, including number of units, size of units, anticipated sale prices or rental rates and type of household size anticipated.
- For Commercial Projects, Describe, including type of operation, square footage of sales area and loading facilities.
- For Industrial Projects, Describe, including type of operation, estimated employment per shift and number of shifts, loading facilities, truck traffic, and hazardous materials used onsite.
- For Institutional Projects, Describe, including services provided, estimated employment per shift, estimated occupancy and community benefits of project.

Applicant Name:

Project Checklist

		Yes	No
1.	Change in existing features of any bays, tidelands, beaches, or hills or substantial alteration of ground contours.		
2.	Change in scenic views, or vistas from existing residential areas, public lands or roads.		
3.	Change in pattern, scale or character of general area of project.		
4.	Significant amounts of solid waste or litter.		
5.	Change in dust, ash, smoke, fumes or odors in vicinity		
6.	Change in ocean, bay, lake, stream or ground water quality or quantity, or alteration		
7.	Of existing drainage patterns		
8.	Substantial change in existing noise or vibration levels in the vicinity		
9.	Site on filled land or on slope of 10 percent or more		
10.	Use of disposal of potentially hazardous materials, such as toxic substances, flammables, or explosives.		
11.	Substantial change in demand for municipal services (police, fire, water, sewage, etc.)		
12.	Substantial increase in fossil fuel consumption (electricity, oil, natural gas, etc.)		
13.	Known threatened or endangered species (animal or plant) on or near site.		
14.	Known historical, archaeological, or cultural resource on or near site.		
15.	Project is related to a larger project or a series of projects.		
	all items checked Yes , please include a written discussion/explanation below (attach addition essary).	al shee	ts as

Applicant Name:

Environmental Setting

Describe the project site as it exists before the project, including information on topography, soil stability, plants and any cultural, historical, or scenic aspects. Describe any existing structures on the site, and the use of the structures. Attach photographs of the site, as needed. Attach additional sheets as necessary.

Describe the surrounding properties, including information on plant and animals and any cultural, historical or scenic aspects. Indicate the type of land use (residential, commercial, etc.), intensity of land use (one family, apartment houses, shops, department stores, etc.), and scale of development (height, frontage, setback rear yard, etc.). Attach photographs of the vicinity, as needed. Attach additional sheets as necessary.

Certification

I hereby attest that the information contained in this Environmental Information Worksheet and any attachments is correct to the best of my knowledge.

Note that if the signatory of this worksheet is other than the property owner, the signatory must be named as an Authorized Agent on the Consent of Property Owner and Designation of Authorized Agent form that is included with the Inyo County Planning Department Permit Application.

Name:	License #
Company:	Date:
Title:	Signature:



Consent of Property Owner and Designation of Authorized Agent

Date:	(Staff Use) Project #:	
General Information		
Property Owner Name:		
Applicant/Authorized Agent Name:		

Project Address:

APN:

Permit Type:

- **Consent** I (we) the undersigned owner of record of the fee interest in the parcel of land identified by the address and Assessor Parcel Number(s) noted above, for which a land use permit, land division, general plan or ordinance amendment, or LAFCO application referral is being filed with the Inyo County Planning Department requesting an approval for the permit type listed above, do hereby certify that:
- 1. Such Application may be filed and processed with my (our) full consent.
- 2. I (we) hereby grant consent to Inyo County, its officers, agents, employees, independent contractors, consultants, sub-consultants and their officers, agents, and employees to enter the property identified above to conduct any and all surveys and inspections that are considered appropriate by the inspecting person or entity to process this application. This consent also extends to governmental entities other than the County, their officers, agencies, employees, independent contractors, consultants, sub-consultants, and their agents or employees if the other governmental entities are providing review, inspections and surveys to assist the County in processing this application. This consent will expire upon completion of the project.
- 3. If prior notice is required for entry to survey or inspect the property, please contact:

Name:

Address:

Telephone #:

e-mail:

4. I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property:

Authorization I (we) the undersigned owner of record of the fee interest in the parcel of land located at the address noted above and identified by the Assessor Parcel Number(s) noted above have authorized the person noted above as "Applicant/Authorized Agent" to act as my (our) agent in all contacts with Inyo County and to sign for all necessary permits in connection with this matter. *If the Applicant/Authorized Agent field above and the signature below are left blank it is assumed that the Property Owner will be acting as his own Agent, and no one will be acting on his behalf.*

Signatures

Signature of Property Owner

Date



Notification of Proximate Property Owners

Applicant Name:			
Date:		(Staff Use) Projec	t #:
The following applications require the provision of public hearing notices to surrounding property owners within 300 feet of the boundary of the project property. Please check all that apply to this project.			
Conditional Use Permit	Tentative Tract M	ap	Mining Reclamation Plan
Variance	Tentative Parcel N	Лар	Road Abandonment
Zone Reclassification	Certificate of Con	pliance	Telecom Plan or Amendment
General Plan Amendment	Specific Plan		Renewable Energy Permit
Development Agreement	Renewable Energy	y Determination	Mobile Home Waiver
Hosted Short-Term Rental			
Commercial Cannabis Conditional Use Permit for cultivation, retail, distribution, testing, manufacturing or microbusiness.			
A list of of all applicable proximate property owners must be obtained from the latest Assessor's tax roll. Planning Department staff will act on your behalf to obtain the addresses and mail the appropriate notifications. Staff time and expenses (stamps, etc.) will be billed against your account.			
Check this box if you would like to elect to obtain the addresses of all applicable proximate property owners. To obtain the appropriate list please contact the Inyo County Assessor's office, and pay their associated fees. Then provide the Planning Department with addressed and stamped envelopes and the following information to demonstrate that you have properly obtained the addresses:			
• The County assessor map(s) or GIS maps covering your project site with the 300' or 1,500' surrounding area outlined, as obtained from the latest Assessor's tax roll.			
• The list of Assessor Parcel Numbers, property owners, and addresses for all properties within 300' or			
1,500', as applicable, as obtained from the latest Assessor's tax roll.			
 Letter sized envelopes with first class postage affixed and addressed to each owner. 			

• This form signed and dated at the bottom.

I hereby certify that the attached information contains all of the assessor parcel numbers from the latest Assessor's tax roll under preparation of all the properties with the area described on the attached maps and within a distance of three hundred (300) feet or one thousand five hundred (1,500) feet, as applicable, from all exterior boundaries of the project property.

I certify under penalty of perjury that the foregoing is true and correct.

Signature of Applicant



Processing Fee Agreement			
Date:	(Staff Use) Project #:		
General Information			
Applicant Name:			
Property Owner Name:			
Project Address:			
APN:	Permit Type:		
Party Responsible for Payment of Fees (check):	Applicant	Property Owner	

Basis of Fees

By County ordinance, Planning Department Processing Fees recover the costs of processing applications. These costs include personnel and overhead costs, as well as the cost of materials necessary to process the application. The deposit you pay is an estimate of the cost of processing the application and may not cover the entire cost for which you will ultimately be responsible.

Your initial deposit amount of \$ (see attached) will be applied toward processing your application(s). Interest does not accrue on this deposit. Monthly withdrawals against this deposit will be made based on the costs incurred in processing your application(s). Statements will be sent to you each month documenting the draws against your deposit. If the deposit reaches a balance of \$400.00 or less you will be asked to make a subsequent deposit. You will be expected to deposit these additional fees within 30 days of a request for additional funds. If there is a balance remaining after reconciling the final bill, a refund check will be mailed to you within 45 days of the final closure of the project.

In order to implement the cost recovery provisions, please sign this statement indicating your agreement to the cost recovery procedure. This signed agreement is required for you application(s) to be accepted for processing. If you have questions regarding your application(s), or the billing status of your application(s), contact the **Inyo County Planning Department** at (760) 878-0263, and provide your project name and/or project number.

Agreement

I, the undersigned, agree to pay the Inyo County Planning Department Processing Fee, which consists of the costs, as described above, incurred by Inyo County in processing this application. Such payment will be made to the Inyo County Planning Department, P.O. Drawer L, Independence, CA 93526. I understand and agree that processing of my application will be suspended pending receipt by the Planning Department of all requested deposits. In the event of default of my obligations, I agree to pay all costs and expenses incurred by Inyo County in securing performance of this obligation, including the cost of reasonable attorneys' fees.

Signature

Name of Responsible Party

Signature	of Resp	onsible	Party
Signature	or resp	onsidic	1 arty



Application Fee Deposits

Pre-application fees (fee to be credited to formal application if submitted within 6 months)	\$500
Conditional Use Permit (new or major amendment)	\$1,490
Minor Amendment to a Conditional Use Permit	\$745
Variance	\$1,500
Zone Reclassification	\$1,450
General Plan Amendment	\$1,525
Specific Plan	\$3,080
Hosted Short Term Rental	\$350
Lone Pine Architectural Review Board	\$200
Telecommunications Plan	\$2,460
Road Abandonment	\$1,450
Certificate of Compliance	\$1,000
Lot Line Adjustment	\$900
Parcel Merger	\$600
Parcel Map	\$1,800
Parcel Map with Rezoning	\$2,525
Tract Map	\$2,325
Tract Map with a rezoning	\$3,050
Reclamation Plan	\$3,030
Reclamation Plan Amendment with Expansion	\$3,030
Reclamation Plan Amendment without Expansion	\$1,515
Interim Management Plan for Mine	\$370
Mine Inspection Fee	\$450
	Rev 7/2021

Categorical Exemption	\$120
Initial Study	\$500
Negative Declaration (Includes Initial Study Fee)	\$600
Review of Special Environmental Studies	\$970
Mitigation Monitoring and Report Program	\$920
Environmental Impact Report	Estimated Cost
Special Meeting of the Planning Commission	\$750 + Mileage
Time Extension	\$480
Appeal of Planning Commission Action	\$300
Planning Director's Interpretation	\$100
Appeal of Planning Director's Interpretation to Planning Commission	\$300
Mobile Home Waiver	\$870
Building Permit Plan Check Fee	\$50
Zoning Confirmation Letter	\$50
Sign Permit	\$30
Mobile Home Waiver	\$870
Projects Installed without Authorization or Permits	Double the Standard Fees
Research Fee	Burdened Hourly Rate

NOTE: The above fees are a deposit only. If the cost for processing the application exceeds the amount of the deposit, the applicant will be responsible for payment of additional monies to cover the cost of processing. Upon payment of fees, all applicants must also complete and submit the Processing Fee Agreement form.