

Phone: (760) 878-0263 FAX: (760) 872-2712 E-Mail: inyoplanning@

inyocounty.us

## **Planning Department Permit Application**

Date:		(Staff Use) Project #:		
Applicant	Name:			
	Street Address:			
	Circu	Chahai	7:	
Phone:	City:	State:	Zip:	
	Alter	nate Phone:		
e-mail:				
Property O	wner Name:			
	Street Address:			
	City:	State:	Zip:	
Phone:	Alter	nate Phone:		
e-mail:				
Property Information Assessor's Parcel Number(s):				
Address:				
Latitude:	Longit	ude:		
Section(s):	Township(s):	Range(s):		
Zoning:	Genera	l Plan Designation:		
Project Type	OE (Check all that apply)			
	nal Use Permit Tentative Tra	ct Map Mining Re	eclamation Plan	

Variance Tentative Parcel Map Road Abandonment

Zone Reclassification Lot Line Adjustment Design Review Committee

General Plan Amendment Parcel Merger Time Extension

Certificate of Compliance Telecom Plan or Amendment Specific Plan

Hosted Short-Term Rental Mobile Home Waiver Development Agreement

Renewable Energy Permit

Renewable Energy Determination Other

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

Applicant Name:		
Applicant Name.		

### **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.

For all items checked **Yes**, please include a written discussion/explanation below (attach additional sheets as necessary).

Applicant Name:			
Environmental Setting			
plants and animals and any cultural, historical, or sce	t, including information on topography, soil stability, nic aspects. Describe any existing structures on the site, the site, as needed. Attach additional sheets as necessary.		
Describe the surrounding properties, including inform	nation on plant and animals and any cultural, historical or		
apartment houses, shops, department stores, etc.), an	tial, commercial, etc.), intensity of land use (one family, d scale of development (height, frontage, setback rear		
yard, etc.). Attach photographs of the vicinity, as ne	eded. 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:		

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## **Consent of Property Owner and Designation of Authorized Agent**

Date:			(Staff Use) Project #:	
General Inform	nation			
Property Owner I	Name:			
Applicant/Author	rized Agent Name:			
Project Address:				
APN:			Permit Type:	
addr gene Inyo	ess and Assessor Par eral plan or ordinance	cel Number amendmen	ord of the fee interest in the parcel of lar (s) noted above, for which a land use pot, or LAFCO application referral is being equesting an approval for the permit typ	ermit, land division, ng filed with the
2. I (we) hereby green consultants, subto conduct any entity to process their officers, agor employees if County in process	rant consent to Inyo Co-consultants and their and all surveys and in a this application. The gencies, employees, if the other government essing this application	County, its or officers, a aspections the consent andependent tall entities and This consent.	officers, agents, employees, independent gents, and employees to enter the properties are considered appropriate by the intended extends to governmental entities of contractors, consultants, sub-consultants are providing review, inspections and subsent will expire upon completion of the inspect the property, please contact:	erty identified above specting person or her than the County, its, and their agents urveys to assist the
Name:				
Address:				
Telephone #:			e-mail:	
4. I (we) hereby g	ve notice of the follo	wing conce	aled or unconcealed dangerous condition	ons on the property:
Authorization	the address noted have authorized t (our) agent in all connection with t signature below to	above and he person n contacts wi his matter. are left blan	r of record of the fee interest in the parcidentified by the Assessor Parcel Numboted above as "Applicant/Authorized Ath Inyo County and to sign for all necess of the Applicant/Authorized Agent field that it is assumed that the Property Owner will be acting on his behalf.	per(s) noted above agent" to act as my ssary permits in above and the
Signatures				
Signature of Property	v Owner	Date	Signature of Authorized Agent	Date



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### **Notification of Proximate Property Owners**

Applicant Name:					
Date:		(Staff Use) Project #:			
		_			
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 Ma	ap	Mining Reclamation Plan		
Variance	Tentative Parcel M	Iap	Road Abandonment		
Zone Reclassification	Certificate of Com	pliance	Telecom Plan or Amendment		
General Plan Amendment	Specific Plan		Renewable Energy Permit		
Development Agreement	Renewable Energy	Determination	Mobile Home Waiver		
Hosted Short-Term Rental					

The following applications require the provision of public hearing notices to surrounding property owners within 1,500 feet of the boundary of the project property. Please check if this applies to this project.

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 Date



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## **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 These costs include personnel and overhead costs, as we application. The deposit you pay is an estimate of the cost the entire cost for which you will ultimately be responsi	rell as the cost of materials necessary to process the cost of processing the application and may not cover			
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 <b>Inyo County Planning Department</b> at <b>(760) 878-0263</b> , 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 Responsible Party Date			



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# **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			

**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.

Research Fee Burdened Hourly Rate