

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

inyocounty.us

Planning Department Permit Application

Date:			(Staff Use) Proje	ect #:
Applicant	Name:			
	Street Address:			
			· · · · · · · · · · · · · · · · · · ·	······································
	City:		State:	Zip:
Phone:		Alteri	nate Phone:	
e-mail:				
Property O	Mama:			
Property C				
	Street Addı	ess:		
	City:		State:	Zip:
Phone:		Δlteri	ate Phone:	
		Anten		
e-mail:				
Property Ir	nformation Asse	ssor's Parcel Nun	nber(s):	
Address:				
Latitude:		Longitu	ıde:	
Section(s):		Township(s):		Range(s):
Zoning:		Genera	l Plan Designatio	
	Oe (Check all that app	-	. 3.6	
	nal Use Permit	Tentative Trac	-	Mining Reclamation Plan
Variance		Tentative Parc	-	Road Abandonment
	classification	Lot Line Adju		Design Review Committee
	General Plan Amendment Parcel Merger Time Extension			
Specific		Certificate of	_	Telecom Plan or Amendment
1	ment Agreement	Hosted Short-		Mobile Home Waiver
Renewable Energy Permit Landscape Plan				
Renewable Energy Determination ** Other				

^{**} Developers must notify local residence and/or landowners by direct mailing or other appropriate means announcing projects at the time an application is submitted

Applicant Name:	
Project Description	n 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.

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	
•	erty at the project site, or am the trustee for a trust that owns the egal entity that owns the property and that I consent to the submission
Name:	Date:
Title:	Signature*:
Applicant Certification	
I hereby attest that the information contamy knowledge.	ained in this application and any attachments is correct to the best of
v - 1 - 1	property owner, the applicant must be named as an Authorized Agent on nation of Authorized Agent form that is included with the Inyo County
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.

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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)	

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

Distance between

Project Schedule:

Project Phasing:
Landscape:
(Total Square Footage)

Structures:

Parking:

- For Residential Projects, Describe, including number of units, size of units, anticipated sale prices or rental rates, type of household size anticipated and landscape square footage.
- For Commercial Projects, Describe, including type of operation, square footage of sales area, loading facilities and landscape square footage.
- 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 Describe the project site as it exists before the project plants and animals and any cultural, historical, or see	et, including information on topography, soil stability, enic aspects. Describe any existing structures on the site, the site, as needed. Attach additional sheets as necessary.			
scenic aspects. Indicate the type of land use (resider	mation on plant and animals and any cultural, historical or ntial, commercial, etc.), intensity of land use (one family, nd scale of development (height, frontage, setback rear eeded. 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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Rev 02/23

Consent of Property Owner and Designation of Authorized Agent

Date:			(Staff Use) Project #:		
General Inf	General Information				
Property Own	ner Name:				
Applicant/Au	thorized Agent N	ame:			
Project Addre	ess:				
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:				
 Such Application may be filed and processed with my (our) full consent. 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. If prior notice is required for entry to survey or inspect the property, please contact: 					
Name:					
Address:					
Telephone	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 Pro	perty 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 Map		Road Abandonment	
Zone Reclassification	Certificate of Compliance		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 wapplication. The deposit you pay is an estimate of the the entire cost for which you will ultimately be response	rell as the cost of mater cost of processing the a	rials necessary to process the
Your initial deposit amount of \$ (see application(s). Interest does not accrue on this deposit. made based on the costs incurred in processing your ap documenting the draws against your deposit. If the depasted to make a subsequent deposit. You will be expect request for additional funds. If there is a balance remains the mailed to you within 45 days of the final closure of	Monthly withdrawals plication(s). Statement posit reaches a balance eted to deposit these actining after reconciling	nts will be sent to you each month of \$400.00 or less you will be dditional fees within 30 days of a
In order to implement the cost recovery provisions, ple cost recovery procedure. This signed agreement is required processing. If you have questions regarding your applicant the Inyo County Planning Department at (76 project number.	uired for you application cation(s), or the billing	on(s) to be accepted for g status of your application(s),
Agreement		
I, the undersigned, agree to pay the Inyo County Plannicosts, as described above, incurred by Inyo County in pattern to the Inyo County Planning Department, P.O. Drawer that processing of my application will be suspended perequested deposits. In the event of default of my obligation County in securing performance of this obligation	processing this applicate L, Independence, CA and and are receipt by the Plations, I agree to pay a	tion. Such payment will be made 93526. I understand and agree lanning Department of all ll costs and expenses incurred by
Signature		
-		
Name of Responsible Party	Signature of Responsib	le 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

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

Application Fee Deposits

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.

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