



## INYO COUNTY PLANNING DEPARTMENT

168 N Edwards St.  
PO Drawer L  
Independence, CA 93526

Phone: (760) 878-0263  
Fax: (760) 872-2712

# ANNUAL MINE QUESTIONNAIRE

## INFORMATION SHEET AND APPLICATION

Mine operators are required to provide a Mining Operation Annual Report to the State Department of Conservation and to the County Planning Department on a date established by the State Department of Conservation, using forms furnished by the State Mining and Geology Board. The County is required to conduct an inspection of the surface mining operation within six (6) months after receipt of the annual report to determine whether the mining operation is in compliance with the approved Conditional Use Permit and/or Reclamation Plan, approved financial assurances, and State regulations.

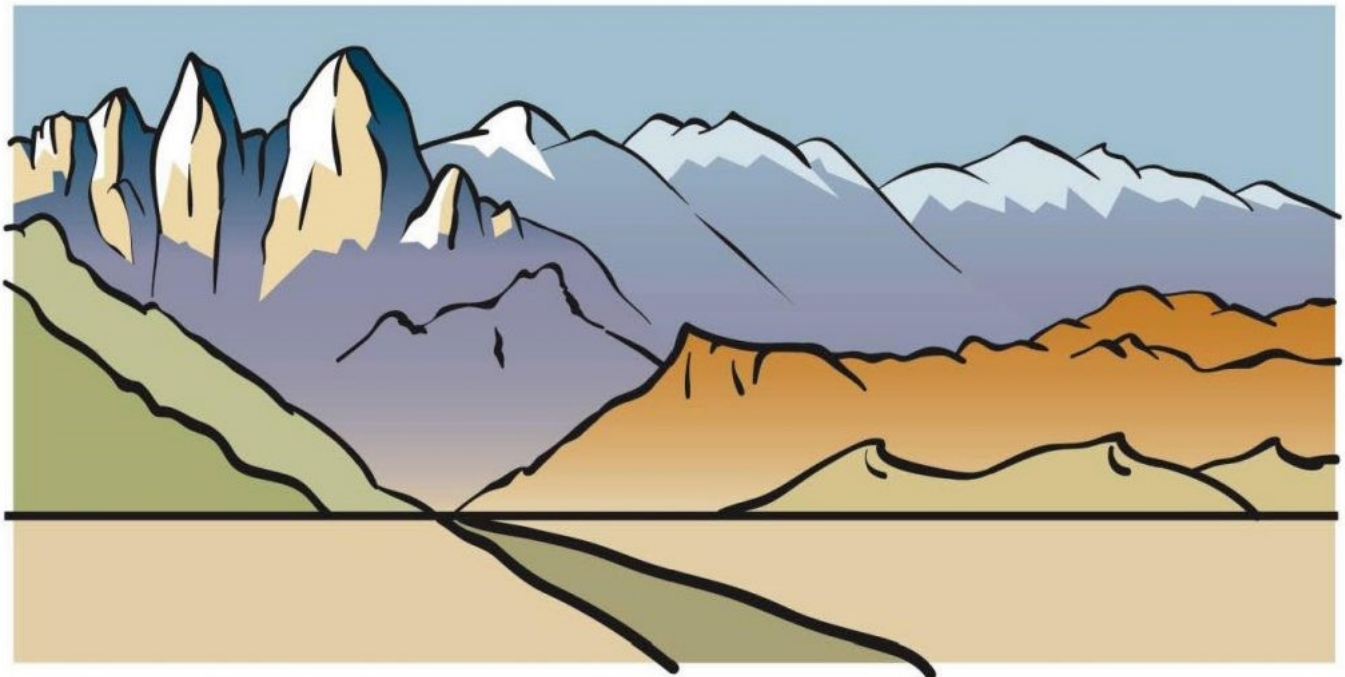
The County is required to notify the State Department of Conservation upon completion of the inspection that the inspection has been conducted and of any findings made by the County.

The operator of the mining operation is responsible for filing an application with the County requesting an inspection and for paying the County's cost of conducting the inspection. Inyo County will not schedule inspections without application and deposit fees received.

### FEES

Deposit fees must be submitted at the time of filing the application and must be in the form of a check or money order payable to the "Inyo County Planning" Please indicate your CA Mine ID number on check or money order.

**Annual Inspection Fee Deposit \$450**



# ANNUAL MINE QUESTIONNAIRE APPLICATION

## Section 1: APPLICATION INFORMATION

Mine Name: \_\_\_\_\_ CA Mine ID#: 91- \_\_\_\_\_

### Mine Operator Information

Mine Operator: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: (    ) - \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Mine Operator d.b.a.: \_\_\_\_\_ Phone: (    ) - \_\_\_\_\_  
N/A Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Mine Operator d.b.a.: \_\_\_\_\_ Phone: (    ) - \_\_\_\_\_  
N/A Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Representative Information

(Must reside in California pursuant to SMAR; PRC 2207. (a) (2))

Representative Firm: \_\_\_\_\_  
Same as Contact Person: \_\_\_\_\_ Phone: (    ) - \_\_\_\_\_  
Operator Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Land Owner Information

Name of Land Owner: \_\_\_\_\_ Phone: (    ) - \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Mineral Rights Owner Information

Mineral Rights Owner: \_\_\_\_\_ Phone: (    ) - \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Lessee Information

(Must attached copy of lease agreement )

Name of Lessee: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: (    ) - \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Correspondence

Please send all correspondence pertaining to this site to the following (check those that apply):

Mine Operator     Representative     Land Owner     Mineral Rights Owner     Lessee

### Items below must be submitted with this application:

Initial Deposit / **Fee agreement**     Copy of MRRC-2 (MOAR)     Statement of Responsibility  
 Notice of Responsibility     Financial Assurance Cost Estimate     Current Financial Assurance Mechanism  
 BLM Contract/Claim     Lease Agreement

**Section 2: PROJECT DESCRIPTION**

Name on Approved Mine/Rec Plan Permit: \_\_\_\_\_ Approval Date: \_\_\_\_\_  
 Reclamation Plan #: \_\_\_\_\_ Termination Date: \_\_\_\_\_

BLM Mine Claim: \_\_\_\_\_  
 BLM Contract #: \_\_\_\_\_  
 N/A **(Attach Copy)**  
 BLM Resource Area: \_\_\_\_\_

Mine Status: \_\_\_\_\_ Annual Production: \_\_\_\_\_ Disturbed Acreage: \_\_\_\_\_  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ USGS Quad: \_\_\_\_\_

Assessor Parcel Numbers: \_\_\_\_\_  
 (Attach separate page if necessary)  
 Description of upcoming year \_\_\_\_\_  
 Mining activities: \_\_\_\_\_

**Financial Assurance Information**

Financial Assurance Mechanism Type:	Financial Assurance Mechanism #:	Amount of Mechanism

**Section 3: SIGNATURE**

I certify under penalty of perjury that I am the (check one):

Legal Owner (Attach separate sheet if needed. All individuals must sign as their name appears on the deed to the land)

**OR**

Owner's legal agent, and that the foregoing is true and correct. **(Must submit letter of authorization from legal owners)**

_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date



**Inyo County Planning Department**  
 168 North Edwards Street  
 Post Office Drawer L  
 Independence, California 93526

Phone: (760) 878-0263  
 FAX: (760) 872-2712  
 E-Mail: inyoPlanning@  
 inyocounty.us

**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 \$ 450.00 (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 Responsible Party	Date

Rev. 7/2021