

TRINITY COUNTY PLANNING DEPARTMENT

530 Main St. ◆ PO Box 2819 Weaverville, CA 96093 (530) 623.1351 ◆ Fax (530) 623.1353

REQUIREMENTS FOR DIRECTOR'S USE PERMIT APPLICATIONS

The following items are REQUIRED for a complete application:

COMPLETED AND SIGNED APPLICATION FORM
APPLICATION AND ENVIRONMENTAL REVIEW FEES are required at the time the application is
submitted to the Planning Department.
NOTE: Additional fees may be required after initial application review
SITE PLAN drawn to scale and/or noted setbacks, and north arrow showing proposed and
existing development, particularly the location of buildings, driveways, wells, etc. and their
distance from property lines. Indicate other information pertinent to the project (see example site
plan). For commercial or multiple family residential development, provide a parking area layout
(existing & proposed stalls), site landscape plan and site drainage plan.
SIGNED AND DATED PLANNING DEPARTMENT AUTHORIZATION FORM
SIGNED AND DATED ACKNOWLEDGEMENT OF MAINTAINING EXISTING SITE
CONDITIONS FORM
COMPLETED AGENT AUTHORIZATION FORM required only if applicant is other that the
property owner
LAND USE ENTITLEMENT FORM
NOTE: Not included in packet, will be discussed and provided at later date.
ADDITIONAL INFORMATION FOR SIGN PERMITS
If the proposed sign is within 600 ft. of any State Highway either:
a. A State sign permit for the proposed sign(s) must be included in this application; or
b. A letter from the California state Dept. of Transportation indicating that a State sign permit is
not necessary for the proposed sign.
ADDITIONAL INFORMATION FOR MOBILE HOMES
Mobile homes manufactured prior to October 1973 do not have roof load ratings and require a
Ramada constructed over them. A senarate building permit is required for Ramada's

Additional materials may be required upon review of the application.

Application Number:



TRINITY COUNTY PLANNING DEPARTMENT

530 Main St. ♦ PO Box 2819 Weaverville, CA 96093 Phone (530) 623.1351 ♦ fax (530) 623.1353

PLANNING DIRECTOR ISSUED USE PERMIT APPLICATION

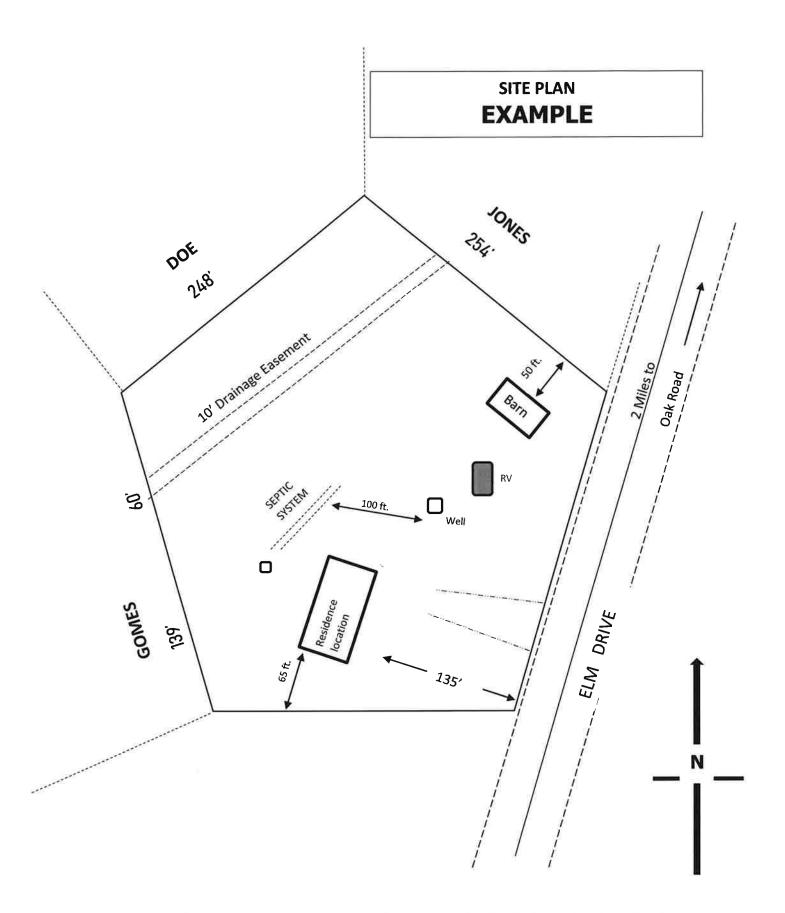
□Pre-1974 Mobile Home 17.27.404(B) □Detached Accessary Bldg. 17.300.040 □ Architectural Review Ord. No. 315-800/Res No.2013- 20/Res.No.2013-21	□RV (90-day-yr se 17.30.080(D) □Sign 15.08/Wvlle Communit □ CCV-Renewal 17.43.050(A)(8)	,	☐ RV (temp const. support) 17.30.080(E) ☐ Floodplain Dev. Permit 17.298.220/230 ☐ Other:
APPLICANT		Email:	
Name:			Day Phone:
Mailing Address:			
City:		State:	Zip:
PROPERTY OWNER Check	if same as Applicant	Email:	
Name:			Day Phone:
Mailing Address:			
City:	-	State:	Zip:
If	more than one parcel owner	, attach an additi	onal page.
Property's Approx. Elevation:			Acres:
Existing Land Use:	Present Zoning:		eneral Plan Designation:
PLEASE DESCRIBE IN DETAIL	WHAT IT IS YOU WAN	NT TO DO (an	additional sheet of paper is provided)
INFORMATION REQUIRED FOR	MOBILE HOME/RV P	ERMITS	
			:Dimensions:
FOR OFFICE USE ONLY Application Received by: Date:	described (form attack	above, or have ched), and tha	and the owner of record of the property authorization to act in behalf of the owner this application and all other documents prect to the best of my knowledge.
Application Fee:			
Receipt No.:			

Applicant's Signature

Date

PROJECT DESCRIPTION

Please provide a detaile	d project description of the ac	ctivities you are requesting	g in as much detail as possib	le.
*				
=				
5				



Include an accurate scale or notate all key setbacks and distances between key items

	SITE PLAN
	TRINITY COUNTY PLANNING DEPT. & CANNABIS DIV. APPLICANT PREPARED SITE PLAN
	Drawn by: APN: Date: Zoning:
	Scale; Lot Area:
l	

EMPLATE-See Pinn only 5,202.

TRINITY COUNTY PLANNING DEPARTMENT



530 Main St. ◆ PO Box 2819 Weaverville, CA 96093 (530) 623.1351 ◆ Fax (530) 623.1353

AUTHORIZATION TO ENTER PRIVATE PROPERTY

The Trinity County Planning Department as the lead agency performs the environmental evaluation for the California Environmental Quality Act (CEQA). Other State and local agencies also provide responsible and trustee roles under CEQA. The comments received from these agencies assist the Planning Department in preparing the environmental document for your project. In order for the Department to perform the evaluation on your proposed project we will need your permission to allow entry to your property for **Planning and any reviewing agency** that may need to actually view the property before providing comments.

By signing this authorization to enter your property you are granting the reviewing agencies access to your property for the purpose of evaluating your proposed project. The authorization is valid from the date the Department receives notice of your proposed project and any monitoring periods thereafter.

Applicant Name (print or type)	
Applicant Signature	
Date	

OLIFORNIA DE LA CONTRACTOR DE LA CONTRAC

TRINITY COUNTY PLANNING DEPARTMENT

530 Main St. ◆ PO Box 2819 Weaverville, CA 96093 (530) 623.1351 ◆ Fax (530) 623.1353

ACKNOWLEDGEMENT OF MAINTAINING EXISTING SITE CONDITIONS

Application Typ	pe/No.: APN:
above applicatio	owner of the above stated parcel, I hereby acknowledge that until final approval of the n by the County of Trinity, no work such as; grading, site development, infrastructure removal, construction, trenching, operations or activities requested in the application will
County will be n conditions of ap	t if the project site is altered prior to project approval, the review of the project by the nore difficult and potentially expensive and that additional mitigation measures and/or proval may be imposed. Further, unauthorized work may cause enforcement by other ne denial of the application.
I have also instrucenditions.	cted my agent and/or the project applicant of the importance of maintaining existing site
Exception to the	above may be approved by the Planning Department upon a written request.
	Applicant Name
	Applicant Signature
	Date

TRINITY COUNTY PLANNING DEPARTMENT



530 Main St. ◆ PO Box 2819 Weaverville, CA 96093 (530) 623.1351 ◆ Fax (530) 623.1353

AGENT AUTHORIZATION FORM

(Required only if applicant is other than the property owner)

I, the undersigned, state that I am the ow	ner(s) of the property for the proposed project
(type of pro	oposal) on A.P.N.# I do hereby
authorize and empower	to act on my
behalf on all matters relating to said project in conr	nection with its filing, processing, approval, conditional
approval or disapproval by Trinity County, its board	ds and commissions, officers, employees, and agents.
Should I revoke this authorization it is my respons	sibility to serve written notice of said revocation to the
Trinity County Planning Department.	
Owner Signature	Owner Signature
Owner Name Printed	Owner Name Printed
Project Parcel Address	Project Parcel Address
Best Contact (Phone or Email)	Best Contact (Phone or Email)
Date	Date
Agent Information:	
Name (Print):	
Mailing Address:	
Phone:	
Email:	
Preferred Method of Contact: □Email □Phone	e □U.S. Mail

REQUIREMENTS FOR SIGN PERMITS

An 8 ½ "X 11" page, a drawing of the sign design shall be submitted which shows the following:

