



TRINITY COUNTY COMMUNITY DEVELOPMENT DEPARTMENT PLANNING DIVISION

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

REQUIREMENTS FOR ARCHITECTURAL REVIEW APPLICATIONS

TC § 17.29C

The following items are REQUIRED for a complete application:

Please include this page when submitting application.

- COMPLETED AND SIGNED APPLICATION FORM
- SIGNED AND DATED ACKNOWLEDGEMENT OF MAINTAINING EXISTING SITE CONDITIONS FORM
- COMPLETED AGENT AUTHORIZATION FORM required only if applicant is other than the property owner
- SITE PLAN and PROJECT DESCRIPTION 8.5" x 11" drawn to scale. Detailing all proposed work to be done.
- SIGN INFORMATION see attached worksheet to show dimensions. Please also provide all details of: business name, lettering style, colors, sign material and location of where the sign will be placed.
- APPLICATION FEE IS required when submitting the application to the Planning Division.
- SIGN AND DATE APPLICATION *Please review all forms for signature and date.*

Additional materials may be required upon review of the application.

Guidelines for commercial / residential buildings in designated Architectural areas can be found here: <https://www.trinitycounty.org/Architectural-Review-Committee>



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**Application for
ARCHITECTURAL REVIEW**
TC § 17.29.090 Ordinance No. 315-800

Weaverville

Lewiston

Junction City

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 additional page.

PROPERTY/PROJECT DESCRIPTION

Property location/Address: _____

Assessor's Parcel Number(s): _____ Acres: _____

Property's Approx. Elevation: _____

Existing Land Use: _____ Present Zoning: _____ General Plan Designation: _____

PLEASE DESCRIBE IN DETAIL WHAT IT IS YOU WANT TO DO:

FOR OFFICE USE ONLY

Application Received by: _____

Date: _____

Application Fee: _____

Receipt No.: _____

I hereby certify that I am the owner of record of the property described above, or have authorization to act in behalf of the owner (form attached), and that this application and all other documents submitted are true and correct to the best of my knowledge.

Applicant's Signature

Date



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ACKNOWLEDGEMENT OF MAINTAINING EXISTING SITE CONDITIONS

Application Type/No.: _____ **APN:** _____

As the property owner of the above stated parcel, I hereby acknowledge that until final approval of the above application by the County of Trinity, no work such as; grading, site development, infrastructure placement, tree removal, construction, trenching, operations or activities requested in the application will be allowed.

I understand that if the project site is altered prior to project approval, the review of the project by the County will be more difficult and potentially expensive and that additional mitigation measures and/or conditions of approval may be imposed. Further, unauthorized work may cause enforcement by other agencies and/r the denial of the application.

I have also instructed my agent and/or the project applicant of the importance of maintaining existing site conditions.

Exception to the above may be approved by the Planning Division upon a written request.

Applicant Name
(*print or type*)

Applicant Signature

Date

Project #



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AGENT AUTHORIZATION FORM

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

I, the undersigned, state that I am the owner(s) of the property for the proposed project _____ (type of proposal) on A.P.N.# _____. I do hereby authorize and empower _____ to act on my behalf on all matters relating to said project in connection with its filing, processing, approval, conditional approval or disapproval by Trinity County, its boards and commissions, officers, employees, and agents. Should I revoke this authorization it is my responsibility to serve written notice of said revocation to the Trinity County Planning Division.

_____ 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 U.S. Mail

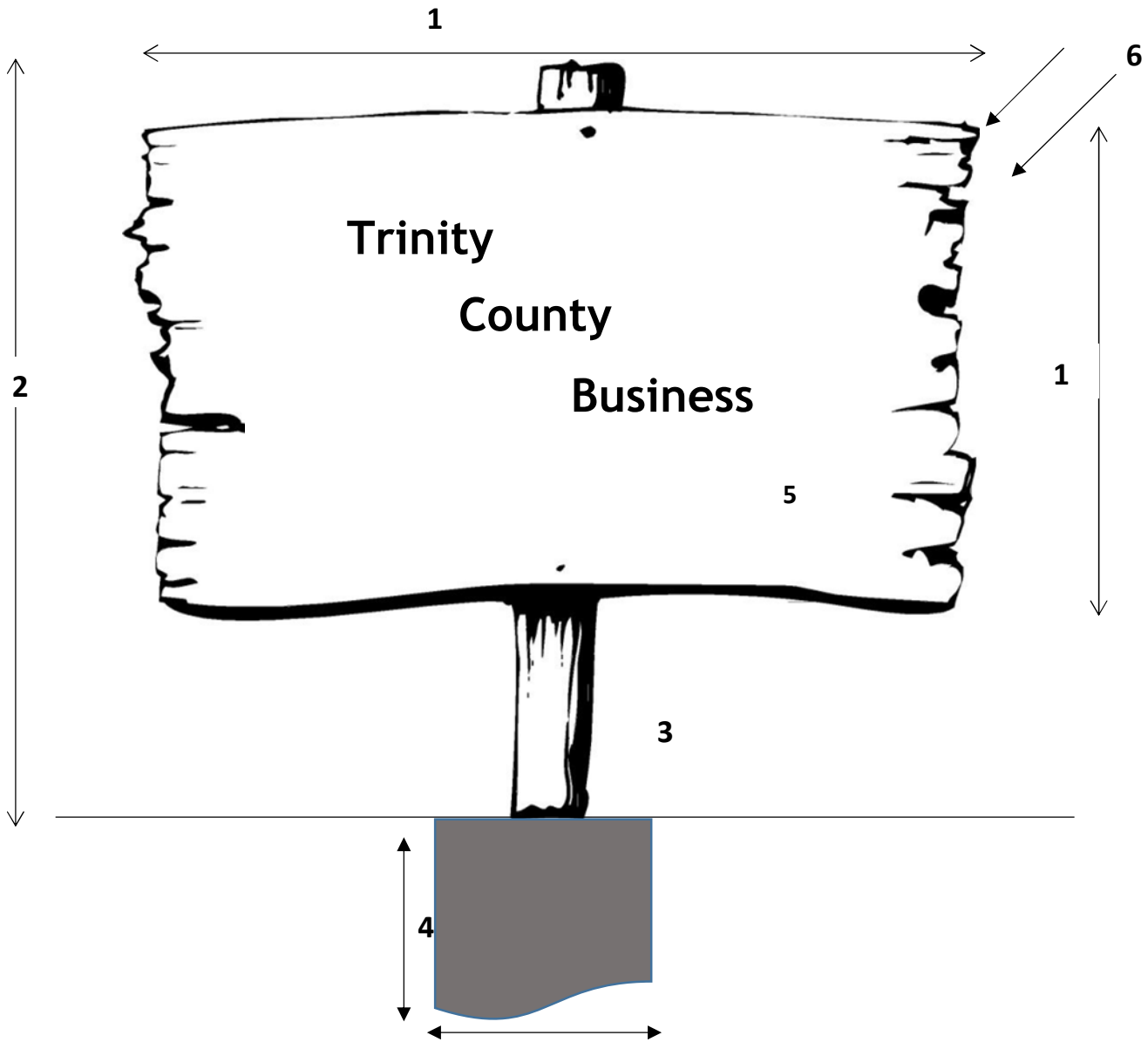
SITE PLAN

TRINITY COUNTY PLANNING DEPT. & CANNABIS DIV.
APPLICANT PREPARED SITE PLAN

Drawn by:	APN:
Date:	Zoning:
Scale:	Lot Area:

REQUIREMENTS FOR SIGN PERMITS

On 8 ½ “X 11” paper (provided), a drawing of the sign design shall be submitted which shows the following:



1. Width & Height of Sign- width _____ height _____
2. Total Height of Sign incl. post- height _____
3. Type (material) and Size of Post(s)- material _____ W x H x D _____ or Diameter _____
4. Foundation (if applicable)- width _____ depth _____
5. Illuminated or not illuminated. If using direct lighting, describe where/how the fixture will be placed

6. Double or Single Sided (*circle type*)
7. Site Plan-specify location _____

SIGN WORKSHEET