



**TRINITY COUNTY COMMUNITY DEVELOPMENT DEPARTMENT  
PLANNING DIVISION**

530 Main St. ♦ PO Box 2819  
Weaverville, CA 96093

Phone (530) 623.1351 ♦ fax (530) 623.1353

**PLANNING DIRECTOR ISSUED USE PERMIT  
For Urgency Ordinance Fire Victims Only**

The Trinity County Board of Supervisors have passed two urgency ordinances to waive the fees for Planning Director's Use Permit applications when it is to occupy an RV during construction of a residence after the residence was destroyed in the 2021 Lightning Fires. These waivers are captured in Ordinance ~~No. 1359~~ and Ordinance No. 1362.

For Planning staff to process your application, the following information must be submitted:

- Completed Director's Use Permit Application, signed & dated. Signed & Dated-Authorization to Enter Property, Maintaining of Site Conditions, and (if applicable) Agent Authorization Form(s) and a site plan.
- CalRecycle clean-up letter
- Proof of septic disposal system
- Proof of adequate water supply
- Site plan showing the location of the RV with setback or scale

The table below shows the usual fees and requirements which are waived automatically or the steps to potentially waive them. For example, a fee for an Environmental Health site inspection may be required, but if you submit a CalRecycle clean-up letter with septic and water verification, this fee/requirement for a site inspection will be waived.

Department	Item	Current	Fees/Requirements
Planning	Director's Use Permit	\$550	Fee waived
Environmental Health	Site Inspection	\$219	Fee waived with CalRecycle clean-up letter, septic verification, and water verification
Building	DUP Review	\$75	Fee waived
Planning	General plan update	\$50	Fee waived
Planning	Circulation for other department comment	Required	Requirement waived
Planning	Extend generator operational time	End at 9:00PM	Ends at 10:00PM
Building	Building permit for a residence must be issued for RV occupancy with a DUP	Required	Requirement waived for 2 years. If after two years, a building permit for a residential structure has not been issued, the RV must be removed OR a DUP must be issued for the RV with the issuance of a residence. (No additional waivers).
Road	Encroachment Permit	Required	Requirement waived for RV use ONLY when the original driveway is used and an encroachment permit was issued for the original driveway. An encroachment permit is required for reconstruction of a residence.

Application Number: \_\_\_\_\_



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2020 August Complex Fire  
UO - 1359  
expired

2021 Lightning Fires  
UO - 1362  
Expires May 17, 2024

RV (temp const. support)  
17.30.080(E)

**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: \_\_\_\_\_

**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** (an additional sheet of paper is provided)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION REQUIRED FOR MOBILE HOME/RV PERMITS**

Year of Manufacture: \_\_\_\_\_ Roof Load: \_\_\_\_\_ Living Area (Sq. Ft.): \_\_\_\_\_ Dimensions: \_\_\_\_\_

**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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**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.

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Applicant Name  
(print or type)

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Applicant Signature

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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 Department upon a written request.

\_\_\_\_\_  
Applicant Name  
(please print of type)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



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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 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 U.S. Mail

# SITE PLAN

**TRINITY COUNTY**  
**PLANNING & CANNABIS DIVISIONS**  
**APPLICANT PREPARED SITE PLAN**

Application No.

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