

TRINITY COUNTY PLANNING DEPARTMENT

Requirements for a Complete Planning Director's Issued Use Permit Application - COMMERCIAL CANNABIS VARIANCE RENEWAL APPLICATION

The following items are **REQUIRED** for a complete application:

- COMPLETED AND SIGNED APPLICATION FORM
- 8 ½" x 11" SITE PLAN drawn to scale 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 sign permits also include location of the sign(s) on site plan and a separate detail drawing of the sign providing dimensions, construction materials, and graphic representation of text. (See examples)
- AGENT'S AUTHORIZATION FORM is required if the applicant authorizes someone else to act on their behalf, or is not the current owner of the subject site.
- APPLICATION FEE (Please see current fee schedule)
- MAINTAINING EXISTING SITE CONDITIONS ACKNOWLEDGMENT FORM

ADDITIONAL INFORMATION FOR MOBILE HOMES

Mobile homes manufactured prior to October, 1973 do not have a roof load rating and require a ramada constructed over them. A separate building permit is required for armadas.

ADDITIONAL INFORMATION FOR SIGN PERMITS

If the proposed sign is within 600 feet 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 Department of Transportation indicating that a State sign permit is not necessary for the proposed sign.



Application Number: _____

**TRINITY COUNTY
PLANNING DEPARTMENT**

61 AIRPORT ROAD
P.O. BOX 2819
WEAVERVILLE, CA 96093
(530) 623-1351 FAX (530) 623-1353

Application Form For:
**PLANNING DIRECTOR'S
ISSUED USE PERMIT**

- Mobile Home (Permanent)
- RV (90 day – year)
- Sign
- Accessory Bldg.
- Other: **COMMERCIAL CANNABIS
VARIANCE RENEWAL**

APPLICANT

Email: _____

Name: _____ Day Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

PROPERTY OWNER Check if same as Applicant (If more than one property owner is involved, attach list.)

Name: _____ Day Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

PROPERTY DESCRIPTION

Property location/Address: _____

Assessor's parcel Number(s): _____ Size: _____ (acres)

Property's Approx. Elevation: _____

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

REQUEST/INFORMATION

PLEASE COMPLETE NEXT PAGE

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: _____

First Hearing: _____

Application Fee: _____

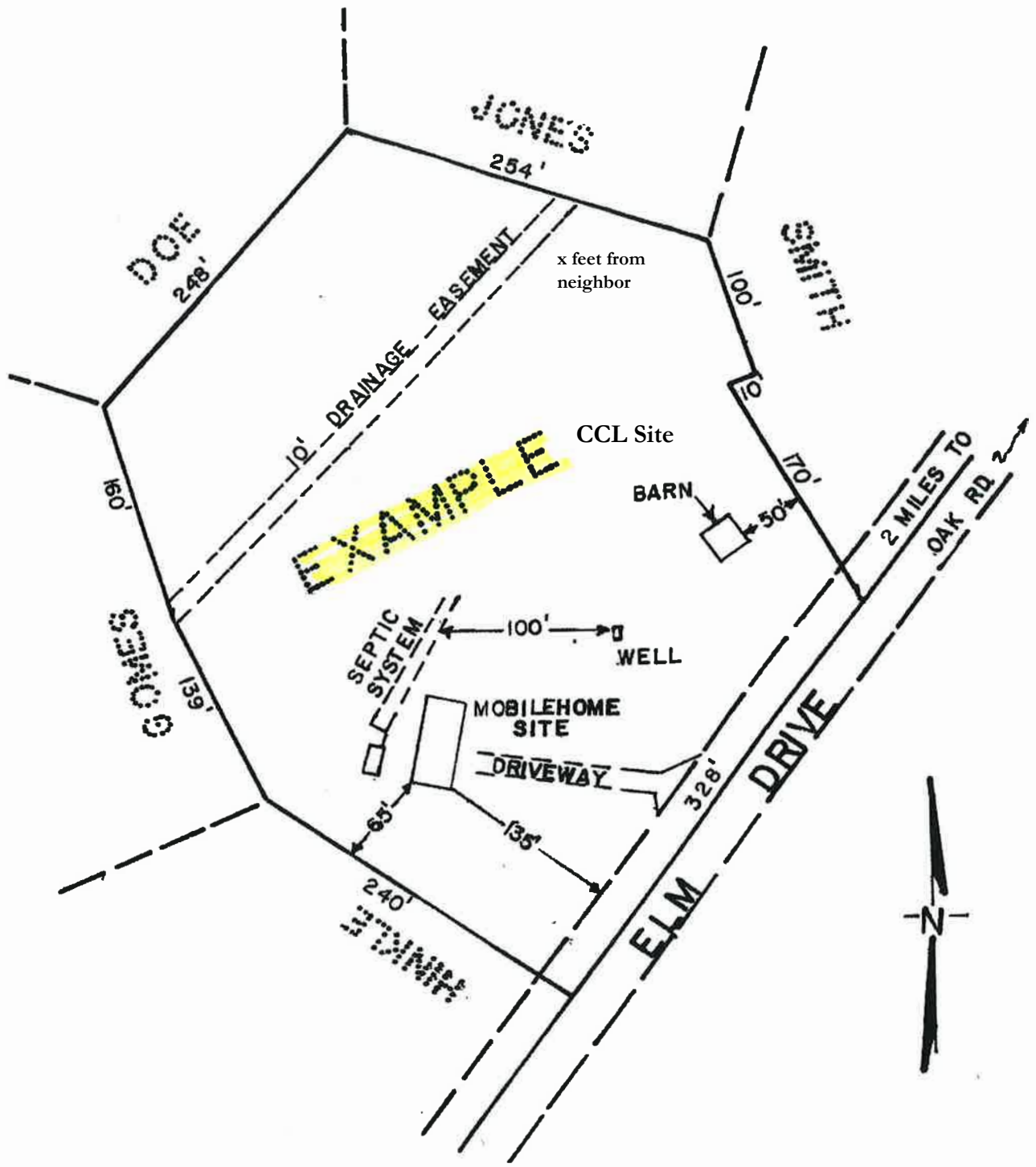
Receipt No.: _____

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 of the owner (note attached), and that this application and all other documents submitted are true and correct to the best of my knowledge and belief.

Applicant's Signature

Date

SITE PLAN



EXAMPLE

SCALE
x inches = x feet

SITE PLAN

Applicant Prepared Site Plan to Accompany Director's Issued Use Permit Application
Application No. _____

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



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61 AIRPORT ROAD
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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.

Print Name

Signature

Date



TRINITY COUNTY PLANNING DEPARTMENT

P.O. BOX 2819 ♦ 61 AIRPORT ROAD
WEAVERVILLE, CALIFORNIA 96093
PHONE (530) 623-1351 ♦ FAX (530) 623-1353

ACKNOWLEDGMENT OF MAINTAINING EXISTING SITE CONDITIONS

Application: _____ APN: _____

As the Property Owner, 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 this 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/or 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.

Signed: _____ Date: _____



TRINITY COUNTY
COMMUNITY DEVELOPMENT SERVICES
PLANNING DEPARTMENT

61 AIRPORT ROAD
P.O. BOX 2819
WEAVERVILLE, CA 96093
(530) 623-1350 FAX (530) 623-1353

Kim Hunter, Director

Agent's 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 (type of proposal) _____
_____ on

A.P.N.# _____. I do hereby authorize and empower *(first & last name, no corporate entities)*
_____ 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.

1. _____
Signature

Owner (print name)

Address

Phone

Date

2. _____
Signature

Owner (print name)

Address

Phone

Date

Agent Information:

Name (print name): _____

Agents Address: _____

Agents Phone: _____

Agents Email: _____

Preferred method of contact: ____ email ____ phone ____ US mail

Director's Use Permit

Use Permit Application	550.00
GP Maintenance Fee	50.00
Building Dept. Fee (RV)	75.00
Environmental Health Fee	76.00
Total	751.00