



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:

- CONDITIONAL USE PERMIT** TC §17.32 **VARIANCE** TC §17.32 **GENERAL PLAN AMENDMENT** TC §17.32 **REZONE** TC §17.32

The following items are REQUIRED for a complete application:
Please submit this page with the application.

- COMPLETED AND SIGNED APPLICATION PACKAGE**, which includes the following forms:
 - Application
 - Cost Recovery Agreement
 - TCCDS Indemnification Form
 - Authorization of Division/Agency to Enter Private Property
 - Acknowledgement of Maintaining Existing Site Conditions
 - Agent Authorization Form (required if applicant is not parcel owner)
- 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 commercial or multiple family residential developments, provide parking area layout (existing & proposed stalls), site landscape plan, and site drainage plan.
- ENVIRONMENTAL QUESTIONNAIRE/ASSESSMENT FORM** must be completed and submitted with each application.
- LEGAL DESCRIPTION(S)** is/are required for Rezones and General Plan Amendments which includes both existing area and proposed change area, which have been prepared by a licensed land surveyor. The legal descriptions must be wet-stamped (surveyor's stamp with original signature).
- ADDITIONAL INFORMATION** may be required for Special or Conditional Use Permits. Contact Planning Division for details.
- LAND USE ENTITLEMENT FORM:**
Not included in packet, will be discussed and provided at later date.
- APPLICATION FEE DEPOSIT** is required at the time the application is submitted to the Planning Division.
See 'Cost Recovery Agreement'
- SIGN AND DATE APPLICATION** *Please review all forms for signature and date.*

Additional material may be required upon review of the application.

Disclaimer for fees required after approval of project

Environmental document filing fees are paid to the county clerk where the project is located (local lead agency) or State Clearinghouse (state lead agency) when the notice of determination is filed. Pursuant to Tit. 14, Cal. Code of Regs. Section 753.5(b)(5)(opens in new tab).

And / or

Exemptions & No Effect Determinations

Environmental document filing fees will be waived if a project will have no effect on fish and wildlife (Fish & Game Code §711.4, subd. (c)(2)(A)(opens in new tab)). Projects that are statutorily or categorically exempt from CEQA are also not subject to the environmental document filing fee and do not require a no effect determination (NED) (Cal. Code Regs., tit. 14, §§ 15260-15333; Fish & Game Code §711.4, subd. (d)(1)). CDFW is solely responsible for determining whether a project will qualify for a NED and if the environmental document filing fee will be waived.

Determining whether a project subject to CEQA will affect fish and wildlife is the responsibility of CDFW. An NED is made solely for the purpose of determining environmental document filing fees and is not part of the assessment a lead agency makes under CEQA ([Cal. Code Regs., tit. 14, § 753.5, subd. \(c\)\(1\)\(A\)\(opens in new tab\)](#)). Lead agencies continue to be responsible for determining whether projects will have potentially significant environmental effects on the environment, including biological resources.

Application Number _____



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**Application for
CONDITIONAL USE PERMIT - GENERAL PLAN AMENDMENT - REZONE - VARIANCE**

Conditional Use Permit
(CUP)

General Plan
Amendment (GPA)

Rezone

Variance

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): _____

Present Zoning: _____ Proposed Zoning (if rezone is required): _____

Present GPA Designation: _____ Requested GPA Designation: _____

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

<p>FOR OFFICE USE ONLY Application Received by: _____ Date: _____ Application Fee: _____ Receipt No.: _____</p>	<p>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.</p>
--	---

Applicant's Signature

Date



Trinity County PLANNING DIVISION

Project Cost Reimbursement Agreement

I, _____, the undersigned (Applicant), hereby authorize the County of Trinity ("County") to process Project/Estimate # _____ located on APN # _____, in accordance with the Trinity County Code § 17.30E.050. Pursuant thereto, I am depositing \$ _____ as an **initial deposit** to pay for County staff review, coordination, and processing costs related to my project request based on actual staff time expended and other costs, including, but not limited to, costs for outside consultants' services, legal review, and materials and equipment.

For the purposes of this agreement, a "project" is a broad category of County staff services, including, but not limited to, permit applications, ancillary projects, agreements, entitlements and referral requests.

In making this initial deposit, I acknowledge and understand that **the initial deposit may only cover a portion of the total project processing costs and additional deposits may be required to cover the total project processing costs. Actual costs for staff time are based on hourly rates adopted by the Board of Supervisors in the most current Trinity County Salary Schedule, in addition to other allowable direct and indirect costs. Actual Costs may also include other costs, such as consultant costs. I also understand and agree that I am responsible for paying these costs even if the project is withdrawn, not approved, or appealed.** I understand and agree to the following terms and conditions of this Reimbursement Agreement:

1. Time spent by Trinity County staff in processing my requested project and any associated outside costs will be billed against the available deposit ("Staff Time"). **"Staff Time" includes, but is not limited to, time spent by Staff reviewing project materials, researching/procuring and/or reviewing necessary background documentation, producing/researching/drafting any necessary environmental and/or regulatory agency documentation, accounting and financial services, site visits, responding by phone or correspondence to inquiries from the project proponent, the project proponents' representatives, neighbors and/or interested parties, producing public/tribal notifications, attendance and participation at meetings and public hearings, preparation of staff reports and other correspondence, processing of any appeals, responding to public records act requests, or responding to any legal challenges related to the project. "Staff" includes any employee of the Trinity County Planning Division. Other costs may include outside services used, such as consultant charges. This agreement does not include other agency review fees or the County Clerk Environmental Document or other filing fees, other County Permit application fees, or fees collected by other divisions that may charge separately for their**

review (such as Building permit fees and Environmental Health fees) or other required flat rate fees and charges.

2. I agree to pay all costs related to project condition compliance as specified in any conditions of approval for my project.
3. Staff will review the project description, scope of County Staff work, and application for completeness and provide me with a good faith estimate of the full cost of processing the license/permit. I understand and agree that the good faith estimate is not a guarantee of maximum costs.
4. Cost statements (based on frequency of activities) showing the costs applied, and the available balance may be provided in lieu of monthly statements. I will be asked to replenish the deposit as needed to maintain a positive balance throughout the life of the project application.
5. I understand that the County desires to avoid incurring permit processing costs without having sufficient funds on deposit. If staff determines that inadequate funds are on deposit for continued processing (generally less than 20% of the initial deposit), Staff will notify me in writing and request an additional deposit amount estimated necessary to complete the processing of my project, but no less than 50% of the original deposit. I agree to submit sufficient funds as requested by Staff to process the project application within thirty (30) days of the request.
6. If the actual cost of the application is less than the deposit and there are excess funds remaining after the County processes my application, the remaining amount will be returned to me within ninety (90) days after the completion of my application process.
7. If the final cost for the application process is more than the available deposit, I agree to pay the difference within thirty (30) days of written notice by the County.
8. I understand, if I fail to pay any invoices or requests for additional deposits within thirty (30) days of a written request by the County, the County may stop processing my project, consider my project withdrawn, or deny my project. In addition, if I fail to pay any invoices after my project is approved, I acknowledge that my project may not vest and may expire, or may be subject to revocation.
9. I understand that my payment of fees and costs related to this agreement in no way constitutes assurance of approval of my project and agree that County retains complete discretion to approve, condition approval on certain requirements, or deny my application.
10. The obligations of the Applicant under this agreement shall survive and apply regardless of whether any County approval is invalidated, set aside, expires, or is abandoned for any reason.
11. All obligations, representations, and covenants set forth in this agreement, by or no behalf of, or for the benefit of any of the parties hereto, shall be binding and inure to the benefit of such party, its successors and assigns.
12. A waiver by any party of any breach of any term, covenant, or condition herein or a waiver of any right or remedy of such party shall not be deemed a waiver of any subsequent breach of the same or any other term, covenant, or condition. No party shall be deemed to have made any such waiver unless it is in writing and signed by the party so waiving.
13. No amendment or modification of any provision of this agreement shall be effective unless such amendment or modification is in writing, signed by the parties.
14. This agreement constitutes a personal contract and no party hereto shall assign or transfer this agreement without the prior written and signed consent of the other party.
15. If any term, covenant, condition, or provision of this agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the agreement shall remain in full force and effect.

16. This agreement shall be governed by the laws of the State of California, and it is agreed by the parties that any action brought to enforce any of the provisions of this agreement shall be brought in the County of Trinity.
17. All parties to this agreement warrant and represent that they have the power and authority to enter into this agreement.
18. I understand that if I fail to pay costs that I may be charged late fees, interest and collection costs.

Applicant:

(Signature)

Name: _____

Company (if applicable): _____

Title (if applicable): _____

Date: _____

To be completed by Administrative Staff:

Project Name, Permit Number, CCL and/or Planning File Number and Project Request (*above*)

Receipt Number (*above*): _____ Date



TRINITY COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

BUILDING - ENVIRONMENTAL HEALTH – 61 AIRPORT ROAD, PO BOX 476

PLANNING- CANNABIS -- 530 MAIN ST., PO BOX 2819

WEAVERVILLE, CALIFORNIA 96093

PHONE 530.623.351, FAX 530.623.1353

Ed Prestley, Deputy Director

Trinity County Community Development Department Indemnification Form

The undersigned Applicant(s) and Property Owner(s) hereby agree to the following:

1. Applicant(s) and Property Owner(s) shall defend, indemnify, and hold harmless the County of Trinity ("County"), its elected and appointed officials, officers, employees, agents, contractors and volunteers from any and all claims, actions, proceedings, or liability of any nature whatsoever (including, but not limited to; any approvals issued in connection with any of the above described application(s) by County; any action taken to provide related environmental clearance under the California Environmental Quality Act ("CEQA") by County, its advisory agencies, boards, or commissions, including, but not limited to, appeals boards, Planning Commission, or Board of Supervisors) arising out of, or in connection with, the County's review or approval of the project or arising out of or in connection with the acts or omissions of the Applicant, its agents, employees or contractors, or relating to any damage to property or persons stemming from the project or the associated commercial cannabis activity. With respect to review or approval, this obligation shall also extend to any effort to attack, set aside, void, or annul the approval of the project, including any contention that the project or its approval is defective because a County ordinance, resolution, policy, standard or plan is not in compliance with local, state, or federal law. With respect to acts or omissions of the Applicant, its agents, employees or contractors, its obligation hereunder shall apply regardless of whether the County prepared, supplied or approved plans, specifications or both. The indemnification shall apply to any damages, costs of suit, attorney fees, or other expenses incurred by the County, its agents, officers, and employees.
2. The obligations of the Property Owner(s) and Applicant(s) under this Indemnification Form shall be a continuing obligation and shall apply regardless of whether the application or any permits, licenses, or entitlements, of any kind, are issued, approved, denied, expired, or terminated.
3. County shall have the absolute right to approve any and all counsel employed to defend the County. To the extent the County uses any of its resources to respond to such claim, action or proceeding, or to assist the defense, the Applicant will reimburse the County upon demand. Such resources include, but are not limited, staff time, court costs, County Counsel's time at its regular rate for non-County agencies, or any other direct or indirect cost associated with responding to, or assisting in defense of, the claim, action or proceedings.
4. For any breach of this obligation, the County may rescind its approval of the project.
5. Applicant(s) shall not be required to pay or perform any settlement unless the settlement is approved in writing by the Applicant(s), which approval shall not be unreasonably withheld. County must approve any settlement affecting the rights and obligations of the County.
6. This agreement shall be construed and enforced in accordance with the laws of the State of California.
7. In any legal action or other proceeding brought by either party to enforce or interpret this Agreement, the venue shall be the Trinity County Superior Court.
8. Applicant(s) shall pay all court ordered costs and attorney fees.
9. The defense and indemnification of County set forth herein shall remain in full force and effect throughout all stages of litigation including appeals of any lower court judgments rendered in the proceedings.
10. Nothing in this Agreement shall be construed to limit, direct, impede, or influence the County's review and consideration of the project.

I agree to be bound by and to fully and timely comply with, all of the foregoing terms and conditions. Applicant(s) and Property Owner(s) must sign in blue wet ink.		
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date



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AUTHORIZATION TO ENTER PRIVATE PROPERTY

The Trinity County Planning Division 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 Division in preparing the environmental document for your project. In order for the Division 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 Division receives notice of your proposed project and any monitoring periods thereafter.

Applicant Name
(print or type)

Applicant 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

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 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): _____

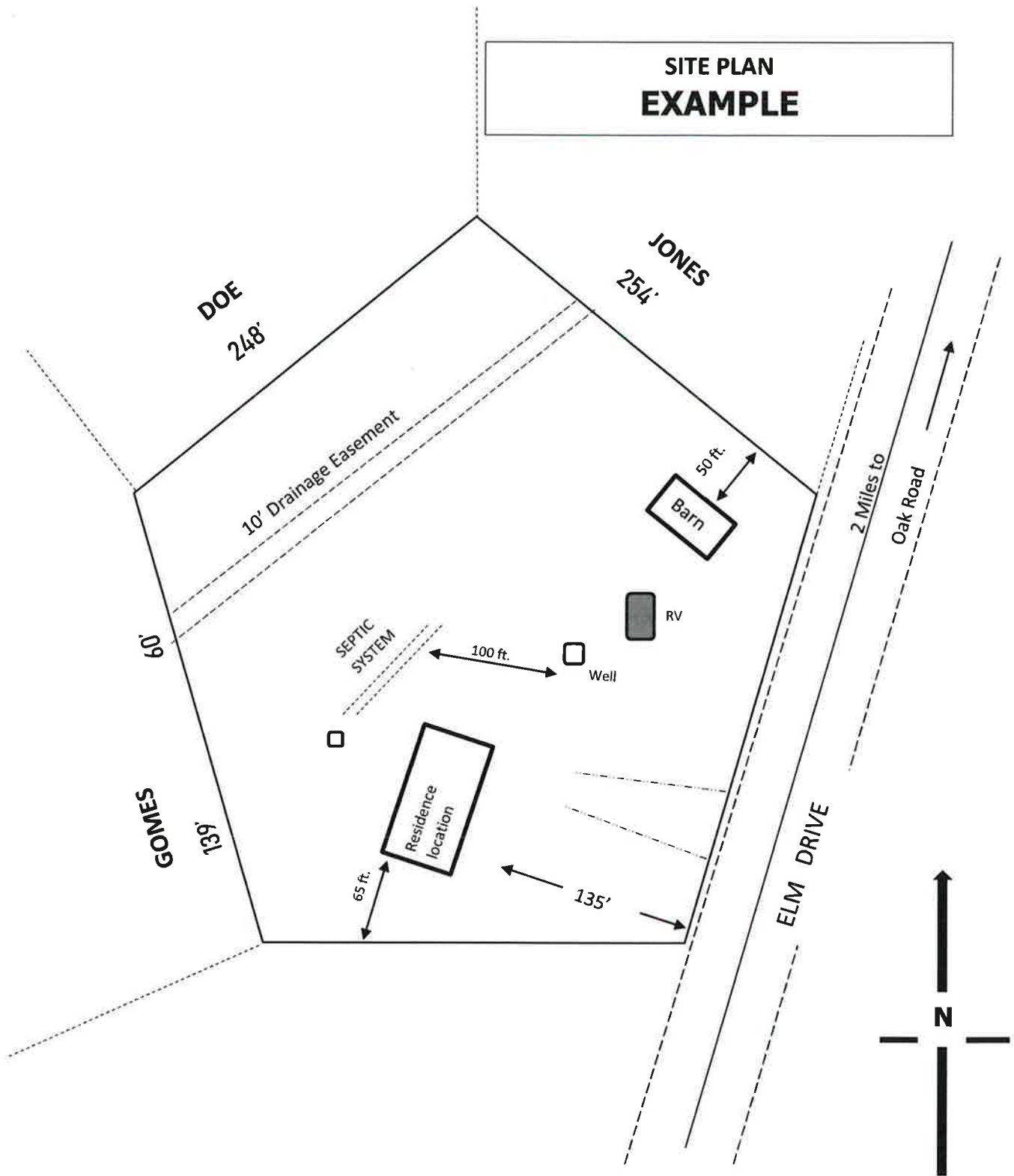
Mailing Address: _____

Phone: _____

Email: _____

Preferred Method of Contact: Email Phone U.S. Mail

**SITE PLAN
EXAMPLE**



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:



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ENVIRONMENTAL QUESTIONNAIRE and CHECKLIST

This questionnaire is part of an Initial Study that will assist in determining the potential environmental impacts of your proposed project. Additional information may be required to complete an Initial Study.

PLEASE PRINT OR TYPE
(Use additional paper if necessary)

Proposed Project: _____

Location: _____

Access Road: _____

Assessor's Parcel Number: _____ Project Acreage: _____

Parcel Owner Information

Parcel Owner(s): _____

Mailing Address: _____

Email: _____ Phone: _____

Applicant /Agent Information

Applicant/Agent: _____ Email: _____ Phone: _____

Mailing Address: _____

Applicant/Agent please continue to the Environmental Checklist

THIS SECTION FOR OFFICE USE ONLY

Project No: _____ Received by: _____ Date: _____

Proposed Project: _____

General Plan Designation: _____ Zoning: _____

Planning Commission date (anticipated): _____ Board of Supervisors date (anticipated): _____

Environmental Checklist

Please describe the existing conditions of the project location (extent of structures and type of use):

AESTHETICS

1. Is your project located in or near :
- | | | |
|------------------------------------|------------------------------|-----------------------------|
| Historic District | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| State Scenic Highway | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Scenic, Wild or Recreational River | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
2. Type of exterior lighting proposed: _____
3. Will the project obstruct scenic views from existing residential areas, public lands, public bodies of water or roads? Yes No

Explain: _____

AGRIGULTURAL & TIMBER RESOURCES

1. Is your project currently in a, Williamson Act Contract, Timberland Preserve Contract, Prime Farm Land, Unique Farm Land or Farm Land of Statewide importance? Yes No
- Explain: _____
2. Will your project convert agricultural land to a non-agricultural use? Yes No
3. Will your project convert timberland to a non-timberland use? Yes No

AIR QUALITY

1. Would any noticeable amounts of air pollution, such as smoke, dust or odors be produced by this project? Yes No If yes, explain: _____
- _____
2. Is your project subject to a North Coast Unified Air Quality Management permit? Yes No
3. Will project development require clearing and disposal of vegetation? Yes No

Environmental Checklist

- 4. Will your project involve the operation of industrial equipment? Yes No
(rock crushers, smoke stacks, milling equipment, etc.)

If yes, explain: _____

BIOLOGICAL RESOURCES

- 1. What is the predominant vegetative cover on the site? (trees, brush, grass, etc.) Estimate % of each:

- 2. How many trees of 6 inch diameter or larger will be removed when this project is implemented:

- 3. Has a Timber Harvest Plan been filed in conjunction with the project? Yes No
(If yes, indicate plan number)

- 4. Are there any known candidate, sensitive, or special status species located on or near the project site? Yes No (Local, State or Federal) _____

- 5. Will the project affect any wetland, riparian habitat or other sensitive natural community through removal, filling, hydrological interruption or other means? Yes No

Please explain: _____

- 6. Is your project located within a Deer Winter Range area? Yes No

- 7. Has a biological assessment been performed on the property? Yes No
If yes please attach a copy.

CULTURAL RESOURCES

- 1. Are there any known:

Archeological Sites	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indian Sites	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Historical Sites	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Burial Sites	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please indicate on the site map.

Environmental Checklist

GEOLOGY AND SOILS

1. Slope of property: _____ 0 to 10% _____ 10 to 15% _____ 15 to 30% _____ Over 30%
(Please indicate amount of property in each category)
2. Are there any soil settlement, rock falls or landslides on or adjacent to the property? Yes No
If yes, please indicate on site map.
3. Describe changes in grade or contours resulting from project development: _____

4. Please estimate the amount of soil disturbance that will occur during the project. _____
(Building site, grading, road development, etc.)
5. Is there any existing sewage disposal system? Yes No

If Septic:

Tank Size: _____ Leach Field Length: _____ Permit or Installation date: _____

What does the system consist of: _____

What structures if any are currently connected: _____

If house, how many bedrooms? _____

Original System Owner: _____

If Sewer:

System Name: _____

5. If a new septic system is proposed, please indicate the following:

Tank Size: _____ Leach Field Length: _____ If house, number of rooms: _____

HYDOLOGY AND WATER SUPPLY

1. Are there any streams, lakes, ponds, wetlands, vernal pools, wet meadows, or perennially wet areas located on or near the project site?
 Yes No *If yes, please indicate on the site map.* Water body name? _____
2. What is the distance from the proposed sewage disposal area to the nearest body of water, river, stream, or drainage: _____

Environmental Checklist

3. Is the project located within the floodplain of any stream or river? Yes No
Please indicate any portion of the project that is located within the floodplain on the site map.

4. Will the project result in the direct or indirect discharge of silt or any other particles in noticeable amounts into any lakes, rivers or streams? Yes No

If yes, in what way? _____

5. Will the project result in the physical alteration of a natural body of water or drainage way?
 Yes No If yes, in what way? _____

6. What is the proposed water source :

Spring Deep Well Stream/River Community System

Name of Stream/River or Community Water System: _____

HAZARDS OR HAZARDOUS MATERIAL

1. Will the project involve the application, use or disposal of potentially hazardous materials, including pesticides, herbicides, other toxic substances or radioactive material? Yes No

If yes, please explain: _____

2. Is the project located on a site which is included on a list of hazardous material sites? Yes No

3. Is the project located within 2 miles of an existing airport? Yes No

4. Is the project located within 2 miles of a school? Yes No

5. Could the project create new or aggravate existing health problems (including, but not limited to flies, mosquitoes, rodents and other disease vectors)? Yes No

If yes, please explain: _____

MINERAL RESOURCES

1. Will the proposed project result in the removal of a natural resource for commercial purposes (including rock, sand, gravel, trees, minerals or top soil)? Yes No

If yes, please explain: _____

Environmental Checklist

COMMERCIAL, INDUSTRIAL, INSTITUTIONAL ONLY
(Including land divisions for such uses)

1. Type of use: _____
2. Hours of Operation: _____
3. Total Number of Anticipated Employees: _____
4. Number of Employees per Shift: _____
5. Gross Square Footage: _____
6. Proposed Construction Starting Date: _____
7. Number of Parking Spaces provided: _____

NOISE

1. What types of noise would be created by the establishment of this land use, both during and after construction? _____

POPULATION AND HOUSING

Residential

1. Total lots to be created: _____ Total Dwelling Units to be created: _____
2. What school district will the project be located in? _____
3. Please indicate:
Approximate unit/house size? _____ Sq. Ft.
Approximate sale price or rent? _____
Type of household size expected? _____

UTILITIES

1. What communication system supports the project area? _____
(Verizon, Pac Bell, etc.)
2. Is the project area be served by Cable? Yes No System: _____
3. Is there power available at the project site? Yes No
If so, what company? _____

Environmental Checklist

4. Will the project require the extension of existing utility lines or systems? Yes No

If yes, please identify system and give distance: _____

FIRE PROTECTION

1. In what fire district is the project located? _____

2. How far is the nearest emergency source of water for fire protection and what is it?
(pond, hydrant, etc.)

3. What is the distance to the nearest fire station?

Seasonal: _____ Year Round: _____

4. Will the project create any dead-end roads greater than 600 feet in length? Yes No
(If yes, please indicate on site plan.)

5. What is the proposed grade and width of access roads? _____

TRANSPORTATION

1. Will the project use existing roads? Yes No

If yes, please indicate the primary access road: _____

Please list all roads that may be affected by your project: _____

2. If your project encroaches onto a state highway, please indicate highway, post mile, and nearest cross street: _____

3. If the project encroaches onto a public road, do you have an encroachment permit? Yes No
If yes, please attach a copy.

4. Please indicate amount and type of traffic, which will be created by the project: _____

5. If commercial or industrial, please indicate expected vehicle size _____ axles.

6. Please indicate daily trip generation rate: _____

Environmental Checklist

7. Will the project increase hazards due to a design feature (e.g. sharp curves or dangerous intersections) or incompatible uses (e.g. farm equipment)? Yes No

If yes, please explain: _____

GROWTH INDUCING IMPACTS

1. Will the project result in the introduction of activities not currently found within the community?
 Yes No

If yes, please explain: _____

2. Could the project serve to encourage development of presently undeveloped areas, or increases in development intensity of already developed areas (examples include the introduction of new or expanded public utilities, new industry, commercial facilities or recreation activities?)

Yes No If yes, explain: _____

PROPOSED PROJECT SCHEDULING

1. Please indicate proposed project schedule (proposed construction start date, etc.) _____

2. If the project is subject to any grant deadlines please indicate:

Grant Source: _____

Contact Person: _____

Grant Deadline(s): _____

3. If the project has federal grant funding, which agency will be responsible for N.E.P.A. processes?

Contact Person: _____