



# DEPARTMENT OF RESOURCE MANAGEMENT

## Planning Division

1855 Placer Street, Suite 103

Redding, California 96001

Phone: (530) 225-5532 Fax: (530) 245-6468

Web: [shastacounty.gov/planning](http://shastacounty.gov/planning) Email: [resourcemanagement@co.shasta.ca.us](mailto:resourcemanagement@co.shasta.ca.us)

### Administrative Permit Application Checklist

- [ ] 1. Application (attached): Original [Planning Permit Master Application](#) form completed (typed or printed and wet signed).
- [ ] 2. Site Plan: Five (5) copies of a site plan. An 8-1/2" x 11" size paper works well for drawing the property outline. Once the property outline is drawn, please draw the existing and proposed improvements (driveway, well, septic, disposal field, etc.), structures (home, garage, shop, etc.), uses (pasture, orchard, etc.), and features (creeks, drainages, etc.) for the property. Site plan should be to scale, or at least proportionate, write in distances to show location, and label the use of all existing and proposed structures (such as house, mobile home, garage, or barn), as well as all items in the list below. (See attached example for guidance.)
- Make sure the following required information is shown on the plot plan  
(*Certain uses may require additional site plan information. See applicable supplemental checklist*)
1. The parcel in its entirety, and if necessary, an inset map to show detail.
  2. All attached and detached structures both existing and proposed, labeled clearly with square footage and use for each.
  3. Setback distances from proposed and existing structures to all property lines.
  4. Property owner's name.
  5. Assessor's Parcel Number(s) for the property.
  6. Address of property.
  7. North arrow and scale.
  8. Acreage of property.
  9. Type and width of easements.
  10. Septic system and well location, both existing and proposed. Also show the distance to the neighbor's septic system and well if less than 90 feet from your property line.
  11. Dedicated septic system expansion/replacement area (if on private on-site septic system).
  12. Roads and driveways, including length and width, turn radius (used for Fire Department and Public Works), and estimated grade.
  13. Drainages and waterways. Include distances from existing and proposed structures and indicate the toe and top of bank including seasonal or dry creek beds, also include any ponds on the parcel or neighbor's parcel.
  14. Location of soil profile pit and percolation test holes (for new septic systems).
  15. Existing and proposed utility locations (electric, cable, phone, water including meter location(s), and sewer connection).
  16. If the proposed building is to be connected to electric, water, or sewer facilities, including on-site wastewater treatment systems, show the location and route of the connection and label whether the connection is above or underground. Nearest fire hydrant.
- [ ] 3. Five (5) copies of **floor plans** and **elevations** (label square footage and total height) for all projects with proposed new buildings or structures, conversion or new uses of existing structures, and/or additions to or modification of existing structures. (*Certain uses may require additional floor plan information. See applicable supplemental checklist*)

## Administrative Permit Application Checklist

- [ ] 4. Project Background Information Form (attached): **Original plus five (5) copies** completed (typed or printed).
- [ ] 5. Authorization to Enter Private Property (attached): Signed by property owner or authorized agent.
- [ ] 6. Authorized Representation (attached): If someone is to submit the application on behalf of the applicant or property owner, for property not owned by the applicant, and/or is to be the representative of the applicant in any other capacity, a notarized statement of agency signed by the property owner authorizing representation by a person or agency must be submitted.
- [ ] 7. The appropriate non-refundable filing fees.
- [ ] 8. SCFD Exception for projects requesting reduced setbacks.
- [ ] 9. Completed Administrative Permit Application Checklist form, noting any items which are not applicable.
- [ ] 10. F2 Zone District - Provide a completed Flood Hazard Information Request from Department of Public Works (if a building permit is currently in process, provide the building permit application number: \_\_\_\_\_); If not, submit a request and fee directly to DPW and provide a copy of the completed FHIR or receipt).

Note: For projects which involve or may require installation of a new on-site wastewater treatment system (OWTS) or expansion of an existing OWTS; and/or for projects on lots that area substandard in size or exhibit other physical qualities that may limit suitable area for future replacement of a failed OWTS, soil percolation testing data may be requested as part of the administrative permit application review process. It is advisable to visit or call the Shasta County Environmental Health Division for information about sewage disposal requirements and standards and feedback on your proposal prior to submittal in order to avoid delay during the review process.



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Email: [scplanning@co.shasta.ca.us](mailto:scplanning@co.shasta.ca.us)

### PLANNING DIVISION MASTER APPLICATION

Application No: \_\_\_\_\_

**APPLICANT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY OWNER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**AGENT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

<u>PROJECT ADDRESS (or specific location)</u>	<u>LOT SIZE (Acreage)</u>	<u>ASSESSOR'S PARCEL NUMBER (S)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TYPE OF APPLICATION**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Administrative Permit Commercial  | <input type="checkbox"/> Use Permit             | <input type="checkbox"/> Interim Management Plan                   |
| <input type="checkbox"/> Administrative Permit Residential | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Planning Director's Zoning Interpretation |
| <input type="checkbox"/> Zone Permit Commercial            | <input type="checkbox"/> Zone Amendment         | <input type="checkbox"/> Pre Application                           |
| <input type="checkbox"/> Zone Permit Residential           | <input type="checkbox"/> Tract Map              | <input type="checkbox"/> General Plan Consistency Determination    |
| <input type="checkbox"/> Certificate of Compliance         | <input type="checkbox"/> Parcel Map             | <input type="checkbox"/> Written Land Use Verification             |
| <input type="checkbox"/> Property Line Adjustment          | <input type="checkbox"/> Reversion to Acreage   | <input type="checkbox"/> Williamson Act Contract                   |
| <input type="checkbox"/> Variance                          | <input type="checkbox"/> Airport Land Use       | <input type="checkbox"/> Minor Modification: _____                 |
| <input type="checkbox"/> Short Term Rental                 | <input type="checkbox"/> Specific Plan          | <input type="checkbox"/> Extension of Time: _____                  |
|  | <input type="checkbox"/> Reclamation Plan       | <input type="checkbox"/> Other: _____                              |

**STAFF USE ONLY:**

Related Applications: \_\_\_\_\_ Fire District: \_\_\_\_\_

Adjacent Zoning/GP: N \_\_\_\_\_ S \_\_\_\_\_ E \_\_\_\_\_ W \_\_\_\_\_

Zoning/General Plan: \_\_\_\_\_ Project Description: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Generally, Zoning Permits and Residential Administrative Permits will not require the completion of the following sections: "Hazardous Site Review Statement", "Hazardous Materials Disclosure Statement", or "Military Land Use Compatibility", as part of this Application Form. These sections must be completed for all applications that require Planning Commission and/or Board of Supervisors approval.

I/We, the applicant, certify that the following responses are true and correct. Yes  No

### HAZARDOUS MATERIALS DISCLOSURE STATEMENT

Government Code Section 65850.2 requires the owner or authorized agent for any development project to disclose whether:

1. Compliance will be needed with the applicable requirements of Section 25505 and Article 2 (commencing with Section 25531) of Chapter 6.95 of Division 20 of the Health and Safety Code or the requirements for a permit for construction or modification from the air pollution control district or air quality management district exercising jurisdiction in the area governed by the County.

Yes  No

2. The proposed project will have more than a threshold quantity of regulated substance in a process or will contain a source or modified source of hazardous air emissions.

Yes  No

### HAZARDOUS SITE REVIEW STATEMENT

Government Code Section 65962.5 (f) requires the applicant for any development project to consult specified state-prepared lists and submit a signed statement to the local agency indicating whether the project is located on an identified site. Under the statute, no application can be accepted as complete without this signed statement.

I/We certify that I/We have investigated this development project with respect to the Cal EPA's Cortese List Data Resources webpage and that my/our answers are true and correct to the best of my/our knowledge. My/Our investigation has shown that:

The project is NOT located on any of the lists compiled pursuant to Section 65962.(e) of the Government Code.

The project IS located on one of the lists compiled pursuant to Section 65962.(e) of the Government Code. Please specify the list, the date of the list, and the property's regulatory identification number:

### MILITARY LAND USE COMPATIBILITY

Using the California Military Land Use Compatibility Analyst website, the owner or authorized agent has determined whether the project is located within 1,000 feet of a military installation, beneath a low-level flight path or within special use airspace as defined in Section 21098 of the Public Resources Code, and within an urbanized area as defined by Government Code Section 65944.

Yes  No

**BY SIGNING THIS APPLICATION, THE APPLICANT/PROPERTY OWNER AGREES TO DEFEND, INDEMNIFY, AND HOLD THE COUNTY HARMLESS FROM ANY CLAIM, ACTION, OR PROCEEDING BROUGHT TO ATTACK, SET ASIDE, VOID, OR ANNUL THE COUNTY'S APPROVAL OF THIS APPLICATION AND ENVIRONMENTAL REVIEW ASSOCIATED WITH THE PROPOSED PROJECT, AS MORE FULLY DESCRIBED IN CHAPTER 1.18 OF THE SHASTA COUNTY CODE.**

**APPLICANT/AGENT:** I have reviewed this application and attached material. The information provided is accurate.  
**If other than the owner, this signature must be accompanied by a Shasta County notarized statement of agency form.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PROPERTY OWNER:** I have read this application and consent to its filing. **THIS SIGNATURE IS REQUIRED**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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### Project Information Form for Administrative Permits

(To be completed by Applicant or Representative)

NOTE: Please answer all questions as accurately and completely as possible to avoid delays in processing.

1. Project Title: \_\_\_\_\_

2. Describe the proposed project in as much detail as possible (attach additional sheets if necessary).

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3. Will the project include a proposed residential accessory building(s)?

YES  NO If yes, describe *in detail* the activity to be carried out and/or items to be stored in the proposed building(s).

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**ENVIRONMENTAL SETTING** (Use one copy of the site plan to plot any necessary information.)

4. Describe the existing use(s) on the project site (including the type and number of any structures, roads, etc.):

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**Project Background Information Form for Administrative Permits**

5. Indicate the surrounding land uses:

	Vacant	Residential	Agriculture	Commercial	Industrial	Public Facility	Timberland	Other (please specify)
North:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
East:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
South:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
West:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

6. Describe the existing topography on-site (i.e., landforms - level, rolling hills, or steeply sloped, etc).

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7. Are there existing drainage courses or eroded areas on or near the project site (i.e., rivers, creeks, drainage ditches)?

YES     NO    If yes, please show on site plan and explain below:

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8. Will trees or other vegetation be removed to facilitate proposed project?

YES     NO    If yes, please show area of tree and/or vegetation removal on site plan and explain below:

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9. Are there existing structures on the property?

YES     NO    If yes, please show and identify each structure on the plot plan including all setbacks to property lines and other structures.

10. Will any structures be demolished as a result of the proposed project?

YES     NO    If yes, please show building to be demolished on site plan.



**Project Background Information Form for Administrative Permits**

**Gas:**

- Utility company provider: \_\_\_\_\_
  - Existing service
  - Requires extension of service to site: \_\_\_\_\_ feet
- None

**Water Supply:**

- Public and/or Community Water System (specify supplier): \_\_\_\_\_
- Well
- Spring
- Other (specify): \_\_\_\_\_
- None

**Sewage Disposal:**

- Public and/or Community Sewage System (specify supplier): \_\_\_\_\_
- Septic Tank
- Other (specify): \_\_\_\_\_
- None





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### Authorization to Enter Private Property

PROJECT# \_\_\_\_\_

Government Code Section 65105 authorizes County Planning Division personnel, in the performance of their duties, to enter property and make examinations and surveys which do not interfere with use of the land by those persons lawfully entitled to the possession thereof. Oftentimes other responsible and trustee agencies must also be consulted and given the opportunity to review and comment on proposed projects, necessitating their entry onto the property in order to obtain relevant information needed to process an application in a timely way.

If County and consulting agency personnel are not able to enter the project site/property, significant delays in the processing of the project, particularly the environmental review of the project, could occur and the project applicant may be required to hire consultants to submit information necessary to prepare additional environmental documents addressing the project site.

I have read and understand the foregoing. I authorize the County and other consulting personnel to enter the property located at:

\_\_\_\_\_ for the purposes of examining the property with respect to the proposed project/land-use, upon making reasonable efforts to give me a 24-hour advance notice of intended entry.

\_\_\_\_\_  
Property Owner/Authorized Agent Signature

\_\_\_\_\_  
Contact Telephone Number



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Web: shastacounty.gov/planning Email: resourcemanagement@co.shasta.ca.us

### Notarized Statement of Agency

I, the undersigned, am an owner of a record title interest in the property involved with this proposed project.

I hereby appoint \_\_\_\_\_ as my agent(s) for purposes of this project, as set forth below.

My agent(s) is/are hereby authorized and empowered to: (check as appropriate)

\_\_\_ Represent me in all matters relating to the proposed project, except execution of certificates of ownership, offers of dedication, dedications, and agreements to construct improvements;

OR

\_\_\_ Submit the application(s) and related information to the Planning Division;

\_\_\_ Represent me before the Planning Commission or Board of Supervisors;

\_\_\_ Consent to conditions imposed if and when the application(s) is/are approved;

\_\_\_ Represent me before the Board of Supervisors in case of appeal.

I agree to be bound by all the representations, drawings and statements tendered by my agent(s) to the County of Shasta for purposes of this proposed project as if the same were made by me personally. I further agree to be bound by all the conditions imposed by the County of Shasta on the approval of this proposed project pursuant to State law and the Shasta County Ordinance Code.

I understand that I may revoke the authority granted by this statement at any time by written notice sent to: Department of Resource Management, Planning Division, 1855 Placer Street, Suite 103, Redding, CA 96001.

SIGNATURE OF OWNER(S):

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

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

(Note: Signature of Owner(s) must be notarized)

**Notarized Statement of Agency**

**ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of Shasta

On \_\_\_\_\_ before me, \_\_\_\_\_, **Notary Public**, personally appeared

\_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

**(Seal)**

## Family Care Unit (4 Year Renewal)

*(All paperwork must be completed in full in order to process.)*

### In this Packet

- ✓ Family Care Unit Extension Application
- ✓ Requirements of Physician's letter to Public Health Officer
- ✓ Review of Physician Documentation of Medical Need for In-Home Care *(to be filled out by the County Public Health Officer)*
- ✓ a current plot plan *(see plot plan example for required information)*

### **17.88.210 Family care residence.**

A family care residence is a mobile home placed temporarily on a lot for the purpose of providing temporary in-home care to family members due to a medical need. Where allowed in the particular zone district, a family care residence may be permitted on a lot which contains a permitted dwelling, provided:

- A. No family care residence shall be permitted on a lot which has more than one dwelling unit.
- B. The temporary mobile home is for the exclusive use and temporary in-home care of a grandparent or grandparents, parent or parents, siblings or children, or grandchildren of the occupant of the principal dwelling unit; or the principal dwelling unit may be designated as the family care residence, in which case the temporary mobile home shall be utilized by the relative or non-family caregiver providing the care.
- C.
  1. A licensed physician (as defined by Section 2050 et seq. of the Business and Professions Code of the state of California) has provided to the county health officer, in writing:
    - a. A specific diagnosis; and
    - b. A determination, based on the impact the diagnosis has on the intended occupant's activities of daily living, that there is a significant medical need, which may include frailty, for such temporary in-home care.
  2. The county health officer has provided to the director of resource management, in writing, a statement, based on the intended occupant's physician's determination in subsection C.1 of this section that in-home care is warranted.
- D. The intended occupants of the mobile home cannot reasonably be housed in the principal dwelling unit. The applicant shall provide information regarding the living situation that substantiates the need for a family care mobile home.
- E. All requirements of the county environmental health division shall be met and the family care mobile home shall utilize existing water and wastewater facilities available on-site.

- F. All required installation permit(s) are issued by the building division.
- G. All parcels subject to this subsection shall be at least one acre in size.
- H. The location of the family care mobile home shall meet setback requirements found in the base zone district and applicable fire safety standards.
- I. Mobile homes placed under this section shall meet the following requirements:
  - 1. The body of the mobile home, excluding chassis, shall not be larger than a single-wide unit. Measurement of width shall not include any permanently attached portion of their mobile home which folds into the main body for transportation.
  - 2. The axle shall remain on the unit.
  - 3. Skirting may be affixed to the mobile home for energy conservation, but no skirting or other improvement shall be affixed to or placed adjacent to the mobile home which may limit its mobility.
  - 4. The mobile home shall be currently registered pursuant to Chapter 4.7 (commencing with Section 18075) of Part 2 of Division 13 of the California Health and Safety Code.
- J. The term of any administrative permit issued for a family care residence pursuant to this subsection shall be four years; provided, notwithstanding the provisions of subsection F of Section 17.92.050, the permit shall be renewable in four-year increments provided that in each case an application for renewal shall be made prior to expiration of the permit, which shall include:
  - 1. Payment of a renewal fee as set by the board of supervisors; and
  - 2. A written statement signed by a licensed physician confirming the medical need, which may include frailty, for continuing temporary in-home care for the occupant(s) of the mobile home, or for the non-family caregiver providing the care.
- K. Upon expiration of the permit or when temporary in-home care is no longer needed, the mobile home shall be removed from the property within ninety days. The mobile home shall not be occupied during that period. A longer period may be approved in writing by the resource management director.

(Ord. No. 2014-01, § I, 1-7-2014)



## **Review of Physicians Documentation of Medical Need for In-Home Care**

RE: Determination of Need for Temporary In-Home Medical Care

Dear Physician,

In writing a letter regarding your patient \_\_\_\_\_, please be sure to include the following information:

- Diagnosis
- Impact of the condition on activities of daily living
- Predicted duration of the impact on activities of daily living

The Health Officer, Dr. James C. Mu needs this information per requirements of the Shasta County legal code, Section 17.88.210 that is attached. If you have any questions regarding this please call, 530-225-5594.

Please mail or fax to forms to:

Public Health  
2650 Breslauer Way  
Redding, CA 96001  
fax: (530) 225-3743

Thank you,

Shasta County Health & Human Services Agency  
Public Health Branch  
2650 Breslauer Way  
Redding, CA 96001

SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT  
PLANNING DIVISION

1855 Placer Street, Suite 103, Redding, California 96001 Phone (530) 225-5532 FAX (530) 245-6468

FAMILY CARE UNIT EXTENSION APPLICATION

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (Residence) \_\_\_\_\_ / \_\_\_\_\_ (Business) \_\_\_\_\_ / \_\_\_\_\_  
area code area code

Name of Person Requiring Care: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Reason for Family Care Unit: \_\_\_\_\_

***I hereby certify that the foregoing is true and correct:***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant/Authorized Representative

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Property Owner

**Information to be completed by staff**

ADM Permit No. \_\_\_\_\_ Log No. \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Fee: \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_ Received by: \_\_\_\_\_

Old Expiration Date: \_\_\_\_\_ New Expiration Date: \_\_\_\_\_

Check One Below:

\_\_\_\_\_ First year extension

\_\_\_\_\_ Second year extension



DEPARTMENT OF RESOURCE MANAGEMENT  
1855 Placer Street, Redding, CA 96001

**Paul A. Hellman**  
Director  
**Adam Fieseler**  
Assistant Director

REVIEW OF PHYSICIAN DOCUMENTATION OF  
MEDICAL NEED FOR IN-HOME CARE

Patient's Name \_\_\_\_\_

Name of Physician providing attached letter: \_\_\_\_\_ Letter dated: \_\_\_\_\_

Based on the information in the attached licensed physician's letter and my understanding of the applicable Shasta County ordinance 17.88.210, I hereby make the following findings:

There  is  is not a specific diagnosis.

The medical condition  does  does not interfere with the activities of daily living sufficiently to warrant medical in-home care.

County Health Officer, 2650 Breslauer Way, Redding, Ca 96001, (530) 225-5591.

Printed Name: Dr. James C. Mu, Health Officer

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Suite 101  
AIR QUALITY MANAGEMENT DISTRICT  
(530) 225-5674  
(530) 225-5237

Suite 102  
BUILDING DIVISION  
(530) 225-5761  
FAX: (530) 245-6468

Suite 103  
PLANNING DIVISION  
(530) 225-5532  
FAX: (530) 245-6468

Suite 201  
ENVIRONMENTAL HEALTH  
(530) 225-5787  
FAX: (530) 225-5413

Suite 200  
ADMINISTRATION  
(530) 225-5789  
FAX: (530)-225-5807





DEPARTMENT OF RESOURCE MANAGEMENT  
1855 Placer Street, Redding, CA 96001

**Paul A. Hellman**  
Director  
**Adam Fieseler**  
Assistant Director

**DETERMINATION OF NEED FOR TEMPORARY IN-HOME MEDICAL CARE**

APPLICANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP OF FAMILY MEMBER NEEDING CARE: \_\_\_\_\_

-

PROPERTY LOCATION (ADDRESS): \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IS THERE MORE THAN ONE DWELLING CURRENTLY ON THE PROPERTY? \_\_\_\_ YES \_\_\_\_  
NO

- PRINCIPAL DWELLING:
- 1) Number of persons residing in dwelling? \_\_\_\_\_
  - 2) Number of bedrooms? \_\_\_\_\_
  - 3) Number of rooms (not including kitchen and bathrooms)? \_\_\_\_\_
  - 4) Total square feet? \_\_\_\_\_

- TEMPORARY DWELLING:
- 1) How many people will reside in mobile home? \_\_\_\_\_
  - 2) Size of mobile home? \_\_\_\_\_

Explanation of why the intended occupant cannot reasonably be housed in the principal dwelling?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date Signed