



# 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: [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: \_\_\_\_\_