



# DEPARTMENT OF RESOURCE MANAGEMENT

## Planning Division

1855 Placer Street, Suite 102

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)

### ZONING PERMIT INFORMATION CHECKLIST

(Rev: 11-02-23)

All of the following items must be included when you submit your application:

- 1. One completed "Planning Permit Master Application" form. (attached)
- 2. One (1) signed original of the "Authorization to Enter Private Property" form. (attached).
- 3. If the applicant wishes to authorize representation by another person or firm, one (1) signed "Statement of Agency" form. (attached)
- 4. One site plan (a map drawn to scale) showing the following information. Site plans should be no larger than 8½" x 11" size and show all information on the plot plan example checklist (attached). If a Zoning Permit supplemental checklist is required for the proposed use the site plan should also show any additional information requested by the supplemental checklist
- 5. A Floor Plan with use of rooms labeled such as kitchen, office, etc., if applicable (for home occupations, senior citizen's residences, guest houses and, servant's quarters).
- 6. Completed "Zoning Permit and Limitations on Use" form. Be sure you obtain and sign the form that applies to your project.
- 7. The appropriate non-refundable application fee. An additional fee may be required to record a restrictive covenant for certain zoning permits (approximately \$21.00). If required, the covenant and recording instructions would be provided to the applicant upon approval of the zone permit. If a covenant is required, the zone permit will not be issued and the use may not commence prior to recording the covenant.
- 8. Completed Zoning Permit Application Checklist form, noting any items which are not applicable.
- 9. Zoning Permit supplemental checklist, if applicable.
- 10. If the project involves construction in an F2 Zone District - Provide a completed Flood Hazard Information Request (FHIR) from Department of Public Works. Applications and fees for a FHIR are submitted to the Shasta County Department of Public Works.

*NOTE: Staff may request additional information to demonstrate that the proposed use will comply with adopted criteria and limitations for the proposed use.*



# DEPARTMENT OF RESOURCE MANAGEMENT PLANNING DIVISION

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



# 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 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)



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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



# DEPARTMENT OF RESOURCE MANAGEMENT

## Building Division

1855 Placer Street, Suite 102

Redding, California 96001

Phone: (530) 225-5761 Fax: (530) 245-6468

Inspection Request Line: (530) 244-5068

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

## PLOT PLAN INSTRUCTIONS

(Rev: 01-03-23)

### AN ACCURATE PLOT PLAN IS NECESSARY TO PROCESS YOUR PERMIT

A plot plan is necessary to establish a clear “snapshot” record of the correct development and use of the property. It may be helpful to think of how the property would look if you were flying above it and represent this on paper. You might start with an Assessor’s plat map (copies available at the Assessor’s office) for an accurate outline of your property.

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. Keep size 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 are shown on the plot plan:

1. Property owner’s name
2. Assessor’s Parcel Number for the property
3. Address of property
4. North arrow and scale
5. Acreage of property
6. Dimensions/square footage and use of all buildings
7. Indicate whether there are mobile homes or houses and indicate whether there is a garage attached to the house and list the size/dimensions
8. Type and width of easements
9. 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
10. Dedicated septic system expansion/replacement area (if on private sewage disposal system)
11. Roads and driveways with list length and width, turn radius (used for Fire Department and Public Works), and estimated grade
12. Drainages and waterways. Indicate distances and toe and/or top of bank including seasonal or dry creek beds, also include any ponds on the parcel or neighbor’s parcel
13. Location of soil profile pit and percolation test holes (for new septic systems)
14. Existing and proposed utility locations (electric, cable, phone, water including meter location(s), and sewer connection
15. All buildings connected to electric utilities and label if underground or on a pole
16. All structures connected to sewer and water (example: detached shop)
17. Nearest fire hydrant

Note: If your project involves grading (cuts, fills, etc.), indicate the areas of cut and fill, include erosion control measures, and provide a slope cross-section if greater than 5%.

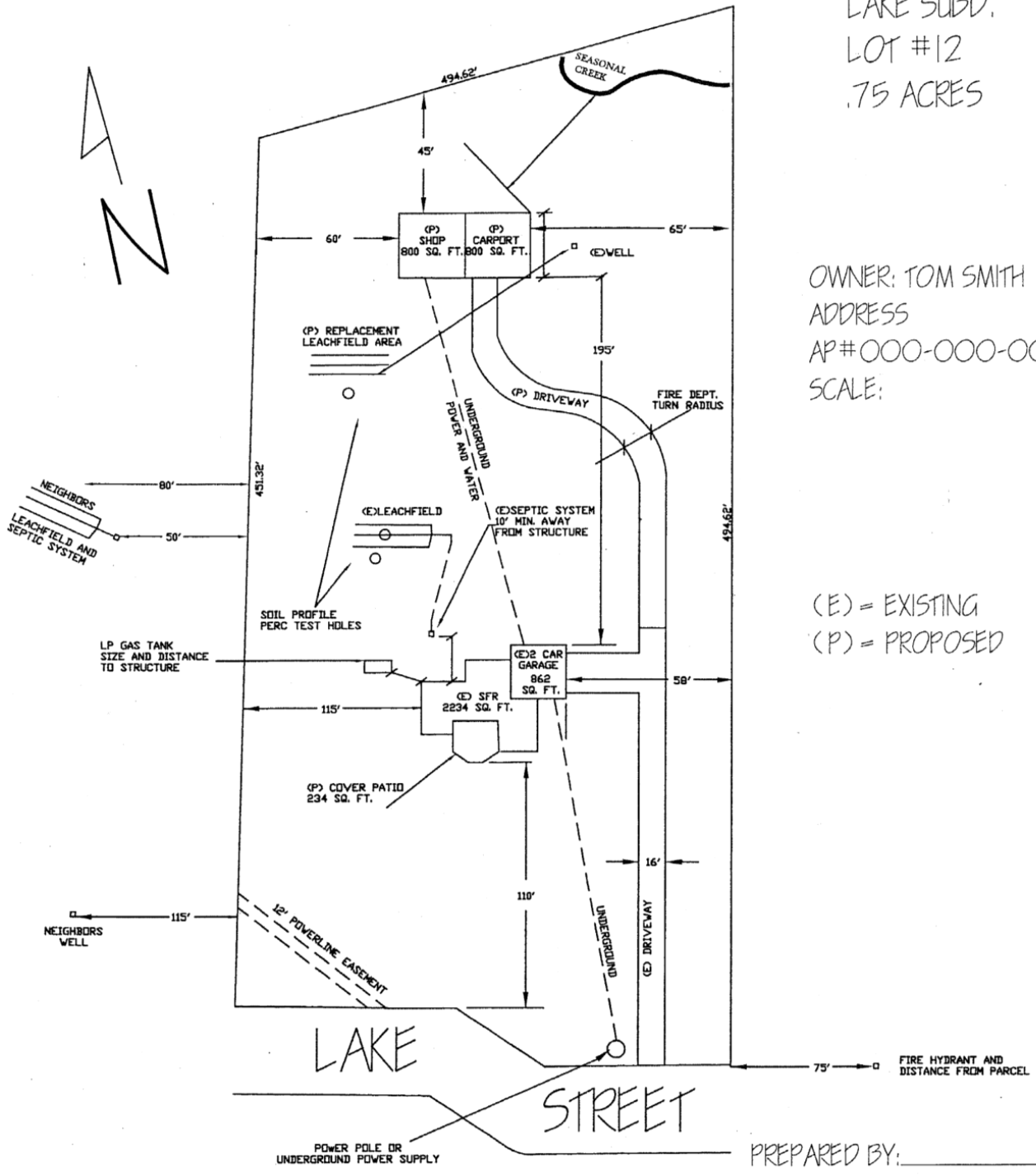
# PLOT PLAN EXAMPLE

(Rev: 1-19-16)

LAKE SUBD.  
LOT #12  
.75 ACRES

OWNER: TOM SMITH  
ADDRESS  
AP# 000-000-000  
SCALE:

(E) = EXISTING  
(P) = PROPOSED



PREPARED BY: \_\_\_\_\_

DATE PREPARED: \_\_\_\_\_



# Shasta County Department of Resource Management Planning Division

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

## ZONING PERMIT AND LIMITATIONS ON USE

### WIRELESS TELECOMMUNICATIONS FACILITIES INSTALLATIONS AT EXISTING FACILITIES (Co-locations)

Zoning Permit # \_\_\_\_\_ is approved subject to the following criteria and limitations:

1. This permit is granted for a ***Co-location at an existing facility*** as shown on the approved site plan (Exhibit A).
2. A wireless telecommunication facility shall not create the potential for adverse impacts such as noise (from generators or other accessory equipment), setback, radio interference, hazardous materials, grading problems, or cumulative impacts.
3. The property owner shall sign a covenant providing that, if the wireless telecommunication facility is not operated or conducted as set forth in this permit, the building or portion thereof shall be removed or modified to conform with the appropriate district requirements. The covenant shall be recorded prior to issuance of the building permit.

*Notes: 1) Not necessary if a covenant has previously been recorded. 2) An additional fee will be required to record the covenant. Checks should be made payable to "Shasta County Recorder's Office."*

4. Support structures, antennas, and any associated hardware shall have a non-reflective finish that is maintained for the life of the facility.
5. No advertising signage or identifying logos shall be placed on any facility with the exception of small identification plates used for emergency notification.
6. The applicant shall show proof of Federal Communication Commission (FCC) Licensing prior to issuance of a building permit.
7. Removal of facilities:
  - a. The operator of a wireless telecommunication facility shall be required to remove all unused or abandoned equipment, antennas, monopoles, or towers within sixty (60) days of abandonment. The facility shall be deemed abandoned if it has not been operational for a consecutive six (6) month period. If such facility is not removed within sixty (60) days, the County may remove the facility at the operator and/or property owner's expense.
  - b. Abandoned facilities shall be considered a public nuisance, as defined by Shasta County Code Chapter 8.28.

8. All buildings constructed on parcels one gross acre or larger in size shall be setback a minimum of 30 feet from all property lines and road easements.
9. Untreated wood shake or shingle roofing is not permitted. Roofing shall have a minimum class B fire retardant rating.

**ADVISORY NOTICES**

1. This zoning permit shall become automatically revoked without further action by Shasta County if the activity or use for which the permit was granted has not been actively and substantially commenced within two years of the date of its approval. Any application for an extension of time must be applied for prior to expiration of the permit.
2. If the Planning Director determines that one or more grounds exist for revocation of this permit, the Planning Commission may set the matter for hearing before it, in accordance with applicable provisions of the Shasta County Code.

**OWNER AGREEMENT**

I, \_\_\_\_\_, the owner of property located at \_\_\_\_\_, identified as Assessor's Parcel Number \_\_\_\_\_, do hereby acknowledge that I have reviewed the criteria and limitations listed above, and agree to comply with them.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

**APPLICANT'S ACKNOWLEDGMENT OF CONDITIONS**

I, \_\_\_\_\_, the applicant of Zoning Permit # \_\_\_\_\_, do hereby acknowledge that I have reviewed the criteria and limitations listed above, and agree to comply with them.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**DEPARTMENT OF RESOURCE MANAGEMENT, PLANNING DIVISION APPROVAL**

The Planning Director has determined the proposed use is categorically exempt from the provisions of CEQA; determined the proposed use appears to meet all criteria applicable to the proposed use; and determined there is no reason to refer this matter to a public hearing. Therefore, this administrative permit is hereby approved, subject to the conditions of approval listed above.

\_\_\_\_\_  
Paul A. Hellman  
Director of Resource Management

\_\_\_\_\_  
Date of Approval

Reviewed by: \_\_\_\_\_ . Recommendation:  Approve  Deny

Reason for Denial: \_\_\_\_\_  
\\ADMIN\PNSHARE\PLANNING TEMPLATES\ZONING PERMITS\ZONING PERMIT CELL TOWER\COLOCATION APPLICATION ZONEPERMIT 030813.DOC