

Phone: (760) 878-0263
FAX: (760) 872-2712
E-Mail: inyoplanning@inyocounty.us

Planning Department Permit Application

Date:			(Staff Use) Proje	ct #:
Applicant	Name:			
	Street Address:			
	City:		State:	Zip:
Phone:		Altern	ate Phone:	
e-mail:				
	N			
Property Owner Name:				
	Street Addr	ess:		
	City		State:	7:n.
DI	City:	A 1.		Zip:
Phone:		Altern	ate Phone:	
e-mail:				
Property Ir	nformation Asses	ssor's Parcel Num	ber(s):	
Address:				
Latitude:		Longitu	de:	
Section(s):	Т	ownship(s):		Range(s):
Zoning:		General	Plan Designatio	n:
Project Tvi	Oe (Check all that app	v)		
	nal Use Permit	Tentative Trac	t Map	Mining Reclamation Plan
Variance		Tentative Parce	-	Road Abandonment
Zone Rec	classification	Lot Line Adjus	stment	Design Review Committee
~		Parcel Merger		Time Extension
Specific	Plan	Certificate of C	Compliance	Telecom Plan or Amendment
Develop	ment Agreement	Hosted Short-Te	erm Rental	Mobile Home Waiver
Renewah	ole Energy Permit	MWELO - Land	lscape Plans	
Renewable Energy Determination** Other				

^{**} Developers must notify local residence and/or landowners by direct mailing or other appropriate means announcing projects at the time an application is submitted

Applicant Name:	
Project Descriptio	Describe in detail Project Proposal(s). Be as specific as possible. Attach additional sheets as necessary.
	Describe the goals and project benefits (i.e. jobs, housing, services created and revenues generated for the community, etc.) Attach additional sheets as necessary.

Submission Requirements

Submittal guidance documents are available on our website for most types of Inyo County Planning permits. Common requirements include but are not limited to this application including the initial deposit, a site plan, and proof of ownership. Projects that have potential impacts to the environment require review under the California Environmental Quality Act (CEQA), and are likely to require additional information from the applicant and/or professionally prepared resource reports.

Property Owner Consent			
•	erty at the project site, or am the trustee for a trust that owns the egal entity that owns the property and that I consent to the submission		
Name:	Date:		
Title:	Signature*:		
Applicant Certification			
I hereby attest that the information contained in this application and any attachments is correct to the best of my knowledge.			
v - 1 - 1	property owner, the applicant must be named as an Authorized Agent on nation of Authorized Agent form that is included with the Inyo County		
Name:	License #		
Company:	Date:		
Title:	Signature*:		

* By signing this application the applicant/property owner agrees to defend, indemnify, and hold the County harmless from any claim, action, or proceeding arising from this application or brought to attack, set aside, void or annul the County's approval of this application, and any environmental review associated with the proposed project.

Planning Department Permit Application – Environmental Information Page 4

General Information
Applicant Name:
Property Owner Name:
Address:
APN:
Project Description
Property Size:
Existing Buildings & Structures: (including Square Footage & number of Floors)
Proposed Buildings & Structures: (including Square Footage & number of Floors)
Existing Yard Setbacks:

Provide a detailed description of the project (attach additional sheets as necessary):

(Front, Side, and Rear)
Distance between

Project Schedule:

Project Phasing: Landscape: (Total Square Footage)

Structures:

Parking:

- For Residential Projects, Describe, including number of units, size of units, anticipated sale prices or rental rates, type of household size anticipated and landscape square footage.
- For Commercial Projects, Describe, including type of operation, square footage of sales area, loading facilities and landscape square footage.
- For Industrial Projects, Describe, including type of operation, estimated employment per shift and number of shifts, loading facilities, truck traffic, and hazardous materials used onsite.
- For Institutional Projects, Describe, including services provided, estimated employment per shift, estimated occupancy and community benefits of project.

Applicant Name:

Project Checklist

Yes No

- 1. Change in existing features of any bays, tidelands, beaches, or hills or substantial alteration of ground contours.
- 2. Change in scenic views, or vistas from existing residential areas, public lands or roads.
- 3. Change in pattern, scale or character of general area of project.
- 4. Significant amounts of solid waste or litter.
- 5. Change in dust, ash, smoke, fumes or odors in vicinity
- 6. Change in ocean, bay, lake, stream or ground water quality or quantity, or alteration
- 7. Of existing drainage patterns
- 8. Substantial change in existing noise or vibration levels in the vicinity
- 9. Site on filled land or on slope of 10 percent or more
- 10. Use of disposal of potentially hazardous materials, such as toxic substances, flammables, or explosives.
- 11. Substantial change in demand for municipal services (police, fire, water, sewage, etc.)
- 12. Substantial increase in fossil fuel consumption (electricity, oil, natural gas, etc.)
- 13. Known threatened or endangered species (animal or plant) on or near site.
- 14. Known historical, archaeological, or cultural resource on or near site.
- 15. Project is related to a larger project or a series of projects.

For all items checked **Yes**, please include a written discussion/explanation below (attach additional sheets as necessary).

Applicant Name:	
Environmental Setting Describe the project site as it exists before the project plants and animals and any cultural, historical, or sc	ct, including information on topography, soil stability, enic aspects. Describe any existing structures on the site, f the site, as needed. Attach additional sheets as necessary.
scenic aspects. Indicate the type of land use (reside	rmation on plant and animals and any cultural, historical or ntial, commercial, etc.), intensity of land use (one family, and scale of development (height, frontage, setback rear eeded. Attach additional sheets as necessary.
Certification	
	in the property owner, the signatory must be named as an and Designation of Authorized Agent form that is included
Name:	License #
Company:	Date:
Title:	Signature:



Phone: (760) 878-0263
FAX: (760) 872-2712
E-Mail: inyoplanning@inyocounty.us

Consent of Property Owner and Designation of Authorized Agent

Date:		(Staff Use) Project #:		
General Inf	ormation			
Property Own	ner Name:			
Applicant/Au	nthorized Agent Name:			
Project Addr	ess:			
APN:		Permit Type:		
	address and Assessor Parcel Number(s) negeneral plan or ordinance amendment, or	the undersigned owner of record of the fee interest in the parcel of land identified by the ss and Assessor Parcel Number(s) noted above, for which a land use permit, land division, al plan or ordinance amendment, or LAFCO application referral is being filed with the County Planning Department requesting an approval for the permit type listed above, do y certify that:		
 Such Application may be filed and processed with my (our) full consent. I (we) hereby grant consent to Inyo County, its officers, agents, employees, independent contractors, consultants, sub-consultants and their officers, agents, and employees to enter the property identified above to conduct any and all surveys and inspections that are considered appropriate by the inspecting person or entity to process this application. This consent also extends to governmental entities other than the Count their officers, agencies, employees, independent contractors, consultants, sub-consultants, and their agent or employees if the other governmental entities are providing review, inspections and surveys to assist the County in processing this application. This consent will expire upon completion of the project. If prior notice is required for entry to survey or inspect the property, please contact: Name: 				
Address:				
Telephone #: e-mail:				
4. I (we) here	by give notice of the following concealed	or unconcealed dangerous conditions on the property:		
Authorization I (we) the undersigned owner of record of the fee interest in the parcel of land located the address noted above and identified by the Assessor Parcel Number(s) noted above have authorized the person noted above as "Applicant/Authorized Agent" to act as m (our) agent in all contacts with Inyo County and to sign for all necessary permits in connection with this matter. If the Applicant/Authorized Agent field above and the signature below are left blank it is assumed that the Property Owner will be acting as his own Agent, and no one will be acting on his behalf.				
Signatures				
Signature of Pro	operty Owner Date	Signature of Authorized Agent Date Rev 09/23		



Phone: (760) 878-0263 FAX: (760) 872-2712 E-Mail: inyoplanning@ inyocounty.us

Notification of Proximate Property Owners

Applicant Name:			
Date:		(Staff Use) Project #:	
The following applications require within 300 feet of the boundary of		-	
Conditional Use Permit	Tentative Tract Map		Mining Reclamation Plan
Variance	Tentative Parcel Map		Road Abandonment
Zone Reclassification	Certificate of Compliance		Telecom Plan or Amendment
General Plan Amendment	Specific Plan		Renewable Energy Permit
Development Agreement	Renewable Energy Determination		Mobile Home Waiver
Hosted Short-Term Rental			
The following applications require the provision of public hearing notices to surrounding property owners within 1,500 feet of the boundary of the project property. Please check if this applies to this project.			

Commercial Cannabis Conditional Use Permit for cultivation, retail, distribution, testing, manufacturing or microbusiness.

A list of of all applicable proximate property owners must be obtained from the latest Assessor's tax roll. Planning Department staff will act on your behalf to obtain the addresses and mail the appropriate notifications. Staff time and expenses (stamps, etc.) will be billed against your account.

Check this box if you would like to elect to obtain the addresses of all applicable proximate property owners. To obtain the appropriate list please contact the Inyo County Assessor's office, and pay their associated fees. Then provide the Planning Department with addressed and stamped envelopes and the following information to demonstrate that you have properly obtained the addresses:

- The County assessor map(s) or GIS maps covering your project site with the 300' or 1,500' surrounding area outlined, as obtained from the latest Assessor's tax roll.
- The list of Assessor Parcel Numbers, property owners, and addresses for all properties within 300' or 1,500', as applicable, as obtained from the latest Assessor's tax roll.
- Letter sized envelopes with first class postage affixed and addressed to each owner.
- This form signed and dated at the bottom.

I hereby certify that the attached information contains all of the assessor parcel numbers from the latest Assessor's tax roll under preparation of all the properties with the area described on the attached maps and within a distance of three hundred (300) feet or one thousand five hundred (1,500) feet, as applicable, from all exterior boundaries of the project property.

I certify under penalty of perjury that the foregoing is true and correct.

Signature of Applicant Date



Phone: (760) 878-0263
FAX: (760) 872-2712
E-Mail: inyoplanning@inyocounty.us

Processing Fee Agreement

110000011151	co Agroomont
Date:	(Staff Use) Project #:
General Information	
Applicant Name:	
Property Owner Name:	
Project Address:	
APN:	Permit Type:
Party Responsible for Payment of Fees (check):	Applicant Property Owner
Basis of Fees	
By County ordinance, Planning Department Processing These costs include personnel and overhead costs, as w application. The deposit you pay is an estimate of the the entire cost for which you will ultimately be respons	rell as the cost of materials necessary to process the cost of processing the application and may not cover
application(s). Interest does not accrue on this deposit.	plication(s). Statements will be sent to you each month posit reaches a balance of \$400.00 or less you will be eted to deposit these additional fees within 30 days of a ming after reconciling the final bill, a refund check will
In order to implement the cost recovery provisions, pleacost recovery procedure. This signed agreement is required processing. If you have questions regarding your applicant the Inyo County Planning Department at (76 project number.	aired for you application(s) to be accepted for cation(s), or the billing status of your application(s),
Agreement	
I, the undersigned, agree to pay the Inyo County Plannic costs, as described above, incurred by Inyo County in pay to the Inyo County Planning Department, P.O. Drawer that processing of my application will be suspended perequested deposits. In the event of default of my obligation County in securing performance of this obligation	processing this application. Such payment will be made L, Independence, CA 93526. I understand and agree anding receipt by the Planning Department of all ations, I agree to pay all costs and expenses incurred by
Signature	
Name of Responsible Party	Signature of Responsible Party Date
DIAME OF RESDONSIDIE PARTY	Nonzonce of Rechanging Party 119fe



Phone: (760) 878-0263 FAX: (760) 872-2712 E-Mail: inyoplanning@

inyocounty.us

Application Fee Deposits

Pre-application fees (fee to be credited to formal application if submitted within 6 months)
Conditional Use Permit (new or major amendment)\$1,490
Minor Amendment to a Conditional Use Permit
Variance
Zone Reclassification\$1,450
General Plan Amendment
Specific Plan
Hosted Short Term Rental\$350
Lone Pine Architectural Review Board\$200
Telecommunications Plan
Road Abandonment\$1,450
Certificate of Compliance\$1,000
Lot Line Adjustment\$900
Parcel Merger
Parcel Map
Parcel Map with Rezoning\$2,525
Tract Map
Tract Map with a rezoning\$3,050
Reclamation Plan
Reclamation Plan Amendment with Expansion
Reclamation Plan Amendment without Expansion
Interim Management Plan for Mine\$370
Mine Inspection Fee\$450

Application Fee Deposits Pag	ge 2
Categorical Exemption\$12	20
Initial Study\$50	00
Renewable Energy Permit\$1,49	90
Negative Declaration (Includes Initial Study Fee)	00
Review of Special Environmental Studies\$9	70
Mitigation Monitoring and Report Program	20
Environmental Impact Report Estimated Co	ost
Special Meeting of the Planning Commission	
Time Extension\$4	
Appeal of Planning Commission Action	00
Planning Director's Interpretation	
Appeal of Planning Director's Interpretation to Planning Commission	
Mobile Home Waiver\$8	
Building Permit Plan Check Fee\$	
Zoning Confirmation Letter\$	
Sign Permit\$	
Mobile Home Waiver\$8	
Model Water Efficient Landscape Ordinance - Prescriptive Compliance (Appendix D)\$1	
Model Water Efficient Landscape Ordinance-Performance Compliance	
Projects Installed without Authorization or Permits	
Research Fee	

NOTE: The above fees are a deposit only. If the cost for processing the application exceeds the amount of the deposit, the applicant will be responsible for payment of additional monies to cover the cost of processing. Upon payment of fees, all applicants must also complete and submit the Processing Fee Agreement form.