

**SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT  
PLANNING DIVISION**

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

**ADMINISTRATIVE PERMIT APPLICATION CHECKLIST**

APPLICATION CHECKLIST: All of the following listed items must be included when you submit your application, unless indicated otherwise or inapplicable to your application. Please be advised that these are modified occasionally without notice.

- [ ] 1.      Application: Original application completed (typed or printed).
  
- [ ] 2.      Site Plan: Five (5) copies of a site plan (drawn to scale) showing the following information (example attached). Site plans should be 8½" x 11". The maximum acceptable size to be no larger than 18" x 16" and must be folded (accordion style) to no larger than 8½" x 14".
  - a.      Graphic scale and north arrow (scale range 1"=10' to 1"=60').
  - b.      Vicinity map (showing property location to major roads or major landmarks).
  - c.      Show location and dimensions of existing and proposed structures and / or walls. (Identify existing as a solid line and proposed as a dashed line.)
  - d.      Label the use of all existing and proposed structures.
  - e.      Show the distance (in feet) between structures and from structures to property lines or road easements.
  - f.      Show square footage of all structure(s), existing or proposed.
  - g.      Show location and dimensions of property lines, sidewalks, easements and adjacent street right-of-ways.
  - h.      Show off-street parking areas and layout (a parking and loading area is required for a large day care home and a bed and breakfast guest facility).
  - i.      Show existing and proposed driveways, label width.
  - j.      Show location and dimensions of all existing and proposed culverts or bridges on the site.
  - k.      Show location of all existing and proposed septic systems and wells.
  
- [ ] 3.      One copy (1) of **floor plans and elevations** (label square footage and total height) of all proposed structures (for reduced setbacks, accessory buildings, bed and breakfast, farm labor quarters, and family care residences).
  
- [ ] 4.      Project background information form: **Original plus 4 copies** completed (typed or printed).
  
- [ ] 5.      Assessor's Parcel Map: Five (5) copies with the **project site outlined in red**.
  
- [ ] 6.      Authorization to Enter Private Property: Signed by property owner.
  
- [ ] 7.      Authorized Representation: If someone is to be the representative of the applicant, a notarized statement of agency signed by the applicant authorizing representation by a person or agency must be submitted.
  
- [ ] 8.      The appropriate non-refundable filing fees.

- [ ] 9. Family Care Residence: In addition to the materials described in parts 1 through 5, applicants for a family care residence shall provide the following:
  - a. A floor plan of the principal residence, with the use of rooms labeled.
  - b. A written explanation from the property owner as to why the proposed resident(s) of the Family Care Unit cannot be reasonably housed within the principal residence
  - c. A written diagnosis from a licensed physician stating the medical condition and specifying how the condition affects the intended occupant's daily living activities and indicating whether there is significant medical need for temporary in-home care. This report must contain a clear and specific diagnosis that verifies a medical need for family care. Submit this letter to the **County Health Officer**. Do not submit this letter to the Planning Division.
  - d. Written evaluation from the County Health Officer re: whether he / she concurs with the conclusion ie., the health effects and perceived in-home care need (for new applications and renewals only, not needed for 6-year extensions of an existing permit). (The form is available from the Department of Resource Management - Planning Division)
  - e. Proof of registration for the single wide mobile home family care unit.
  
- [ ] 10. For projects which involve installation of a sewage disposal system (such as a farm labor quarters, or mobile home in the Unclassified zone district) the soil percolation testing data must be submitted with the administrative permit application.
  
- [ ] 11. CDF Exception for projects requesting reduced setbacks.
  
- [ ] 12. Completed Administrative Permit Application Checklist form, noting any items which are not applicable.
  
- [ ] 13. F2 Zone District - Provide a completed Flood Hazard Information Request from Department of Public Works (fee paid to DPW).

**SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT  
PLANNING DIVISION**

1855 Placer Street, Suite 103, Redding, CA 96001

TOLL-FREE ACCESS WITHIN SHASTA COUNTY 1-800-528-2850 Telephone (530) 225-5532 FAX (530) 245-6468

**PLANNING PERMIT MASTER APPLICATION**

APPLICANT(S):		REPRESENTATIVE: (if other than applicant)		PROPERTY OWNER: (if other than applicant)	
Name:		Name:		Name:	
Mailing Address:		Mailing Address:		Mailing Address:	
City/State:	Zip:	City/State:	Zip:	City/State:	Zip:
Day Phone:		Day Phone:		Day Phone:	
Email:		Email:		Email:	

CORRESPONDENCE SENT TO:  Applicant       Representative       Property Owner

Name of Engineer/Land Surveyor: \_\_\_\_\_ License #: \_\_\_\_\_

PROJECT ADDRESS (or specific location): \_\_\_\_\_ LOT SIZE (Acreage): \_\_\_\_\_ ASSESSOR'S PARCEL NUMBER(S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXISTING LAND USE (list structures): \_\_\_\_\_

\_\_\_\_\_

ADJACENT LAND USE:      North: \_\_\_\_\_ East: \_\_\_\_\_

   South: \_\_\_\_\_ West: \_\_\_\_\_

DESCRIPTION OF PROPOSED PROJECT AND PROPOSED STRUCTURES (be specific): \_\_\_\_\_

\_\_\_\_\_

**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/REPRESENTATIVE: I have reviewed this application and attached material. The information provided is accurate.      PROPERTY OWNER: I have read this application and consent to its filing. This signature is required on all applications.

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

**INFORMATION BELOW TO BE COMPLETED BY PLANNING DIVISION STAFF:**

PM or TR (Land Division)    UP (Use Permit)    Z (Rezone)    GPA/SPA    VAR    PRE (Pre-App)    RP (Rec. Plan)    ADM

ZP (Zoning Permit)    C/C    Other: \_\_\_\_\_      RAM 1 DATE: \_\_\_\_\_

Application #: \_\_\_\_\_ Related Applications: \_\_\_\_\_ Fire District: \_\_\_\_\_

Zoning/General Plan: \_\_\_\_\_ Planning Area: \_\_\_\_\_

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

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Planning \$: \_\_\_\_\_ EHD \$: \_\_\_\_\_

DPW \$: \_\_\_\_\_ CEQA \$: \_\_\_\_\_ Fire \$: \_\_\_\_\_ Total Fees \$: \_\_\_\_\_ Receipt#: \_\_\_\_\_

Check #: \_\_\_\_\_ Arch Study Check #: \_\_\_\_\_ Project Description: \_\_\_\_\_

Comments: \_\_\_\_\_

PROJECT BACKGROUND INFORMATION FORM  
FOR ADMINISTRATIVE PERMITS

(To be completed by the Applicant or Representative)

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

PROJECT DESCRIPTION

1. Project Title: \_\_\_\_\_
2. Describe the proposed project in as much detail as possible (attach additional sheets, if necessary).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. For a proposed second residence: Will the second residence be occupied by a direct family member of an occupant of the existing residence? If yes, state the relationship.  
  
\_\_\_\_\_

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

1. Describe the existing use(s) on the project site (including the type and number of any structures, roads, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Describe the existing land use on adjacent properties (vacant, rural residential, agriculture). Also note any major natural or man-made features (i.e., highways, stream channels, etc.): \_\_\_\_\_ North: \_\_\_\_\_  
\_\_\_\_\_ East: \_\_\_\_\_ South: \_\_\_\_\_  
\_\_\_\_\_ West: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Describe the existing topography on-site (i.e., landforms - level, rolling hills, or steeply sloped, etc.).  
\_\_\_\_\_  
\_\_\_\_\_
4. Describe existing drainage courses or eroded areas on or near the project site (i.e., rivers, creeks, drainage ditches):  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe the type of existing vegetation on-site (grasses, trees, brush): \_\_\_\_\_

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

6. Describe any site alterations which would result from the proposed project (specifically address the amount and location of any grading, cuts and fills, vegetation removal, alterations to drainage, or removal of existing structures, etc.).

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

SERVICES

Indicate how the following services are provided to your parcel and the availability of services.

a. Electricity: \_\_\_\_\_ b. Water Supply: \_\_\_\_\_

\_\_\_\_\_ c. Sewage Disposal: \_\_\_\_\_

\_\_\_\_\_

If an extension of a water line is necessary, indicate which service(s) and the distance of the extension(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Shasta County

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

**Paul A. Hellman**  
Director  
**Dale J. Fletcher, CBO**  
Assistant Director

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

## AUTHORIZATION TO ENTER PRIVATE PROPERTY

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. Often times 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 all relevant information needed to process an application in a timely way.

If County and affected 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 environmental documents addressing the project site.

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

\_\_\_\_\_ for the limited purpose 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/Agent Signature

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

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

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):

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

**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 \_\_\_\_\_  
Notary Public Signature

(Seal)



# Shasta County

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

Paul A. Hellman  
Director  
Dale J. Fletcher, CBO  
Assistant Director

## PUBLIC INFORMATION/PROJECT ASSISTANCE

The Staff from the Shasta County Department of Resource Management is available to review and discuss questions relating to land use matters such as zoning, general plans, land divisions and use permits. The Department staff has copies of various County codes and regulations plus related maps which can be referred to. Furthermore, the staff is happy to assist individuals with filing applications and to provide help in the processing of permit requests.

When seeking information regarding a potential development, it is advisable to furnish a detailed description of what is intended, the timing of the particular use, and an assessor's parcel number(s) of the property on which the use will occur. Such information will help ensure a faster and more complete response from the Department than might otherwise result.

After review of a proposed project, it is sometimes necessary to inform applicants that a particular project being suggested, either because of its location or design, does not satisfy County development criteria and, therefore, cannot be recommended for approval. In these situations, the staff endeavors to work with applicants to suggest either alternative development sites or modifications in site development plans that would be consistent with County standards.

The Department Director and staff welcome suggestions that may add greater efficiency to our review and processing of proposed development projects. The Department's objective is to provide efficient and courteous service to all citizens and property owners seeking our assistance.

□ 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

Toll Free Access Within Shasta County 1-800-528-2850