

**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: _____