



Inyo County Planning Department Permit Application  
P.O. Drawer L  
Independence, CA 93526  
(760) 878-0263 (760) 872-2706

**Staff Use Only** For Public Hearing On: \_\_\_\_\_  
Application Reference Number: \_\_\_\_\_  
Review by:  Staff  Design Review Committee  Planning Commission  Board of Supervisors

**Applicant Name:** \_\_\_\_\_ **Property owner: Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**FAX:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Assessor's Parcel Number(s):** \_\_\_\_\_ **Zoning:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_ **General Plan:** \_\_\_\_\_

*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.*

**Property Owner Consent:** I consent to the submission of this application:  
**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Applicant or Engineer Certification:** I hereby consent that the information contained in this application and any attachments are correct to the best of my knowledge: **Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Application for:**  
 General Plan Amendment  Zone Change  Use Permit  Variance  Tract Map  Parcel Map  
 Mobilehome Waiver  Mining Reclamation Plan  Parcel Merger  Road Abandonment  Specific Plan  
 Certificate of Compliance  Design Review Committee  Time Extension  Other

**Environmental Documents: (Staff Use Only)**  
 Environmental Information Form  Categorical Exemption  Initial Study/ Negative Declaration  
 Environmental Impact Report





Inyo County Planning Department  
ENVIRONMENTAL INFORMATION FORM  
(To be Completed by Applicant)

Date Filed: \_\_\_\_\_

**GENERAL INFORMATION**

1. Name and Address of property owner: \_\_\_\_\_

2. Name and address of developer or project sponsor: \_\_\_\_\_

3. Address of project: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

4. Name, address, and telephone number of person to be contacted concerning this project:

\_\_\_\_\_

5. Indicate permit application number for the project to which this form pertains: \_\_\_\_\_

6. List and describe any other related permits and other public approvals required for this project, including those required by city, regional, state and federal agencies:

7. Existing zoning district: \_\_\_\_\_

8. Proposed use of site (Proposed Project): \_\_\_\_\_

\_\_\_\_\_

**PROJECT DESCRIPTION**

9. Site size. \_\_\_\_\_

10. Buildings and site square footage. \_\_\_\_\_

11. Number of floors of construction. \_\_\_\_\_

12. Amount of off-street parking provided. \_\_\_\_\_

13. Attach plans. \_\_\_\_\_

14. Proposed scheduling. \_\_\_\_\_

15. Associated projects. \_\_\_\_\_

16. Anticipated incremental development. \_\_\_\_\_

17. If residential, include the number of units, schedule of unit sizes, range of sale prices or rents, and type of household size expected. \_\_\_\_\_

18. If commercial, indicate the type, whether neighborhood, city or regionally oriented, square footage of sales area, and loading facilities. \_\_\_\_\_

19. If industrial, indicate type, estimated employment per shift, and loading facilities. \_\_\_\_\_

20. If institutional, indicate the major function, estimated employment per shift, estimated occupancy, loading facilities, and community benefits to be derived from the project. \_\_\_\_\_

\_\_\_\_\_

21. If the project involves a variance, conditional use or rezoning application, state this and indicate clearly

why the application is required. \_\_\_\_\_

**PROJECT CHECKLIST**

*Are the following items applicable to the project or its effects? Please include written discussions of any items checked "yes" (attach additional sheets as necessary).*

	<b>Yes</b>	<b>No</b>
21. Change in existing features of any bays, tidelands, beaches, or hills, or substantial alteration of ground contours.	<input type="checkbox"/>	<input type="checkbox"/>
22. Change in scenic views or vistas from existing residential areas or public lands or roads.	<input type="checkbox"/>	<input type="checkbox"/>
23. Change in pattern, scale, or character of general area of project.	<input type="checkbox"/>	<input type="checkbox"/>
24. Significant amounts of solid waste or litter.	<input type="checkbox"/>	<input type="checkbox"/>
25. Change in dust, ash, smoke, fumes, or odors in vicinity.	<input type="checkbox"/>	<input type="checkbox"/>
26. Change in ocean, bay, lake, stream or ground water quality or quantity, or alteration of existing drainage patterns.	<input type="checkbox"/>	<input type="checkbox"/>
27. Substantial change in existing noise or vibration levels in the vicinity.	<input type="checkbox"/>	<input type="checkbox"/>
28. Site on filled land or on slope of 10 percent or more.	<input type="checkbox"/>	<input type="checkbox"/>
29. Use of disposal of potentially hazardous materials, such as toxic substances, flammables or explosives.	<input type="checkbox"/>	<input type="checkbox"/>
30. Substantial change in demand for municipal services (police, fire, water, sewage, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
31. Substantially increase fossil fuel consumption (electricity, oil, natural gas, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
32. Relationship to a larger project or series of projects.	<input type="checkbox"/>	<input type="checkbox"/>

**ENVIRONMENTAL SETTING**

- 33. Describe the project site as it exists before the project, including information on topography, soil stability, plants and animals, and any cultural, historical or scenic aspects. Describe any existing structures on the site, and the use of the structures. Attach photographs of the site. Attach additional sheets as necessary.
- 34. Describe the surrounding properties, including information on plant and animals and any cultural, historical or scenic aspects. Indicate the type of land use (residential, commercial, etc.), intensity of land use (one-family, apartment houses, shops, department stores, etc.), and scale of development (height, frontage, setback, rear yard, etc.). Attach photographs of the vicinity. Attach additional sheets as necessary.

**CERTIFICATION**

I hereby certify that written statements, attachments, and exhibits present facts required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

For \_\_\_\_\_



## CONSENT OF PROPERTY OWNER AND DESIGNATION OF AUTHORIZED AGENT

**Inyo County Planning Department**

File No. \_\_\_\_\_

I (we) the undersigned owner of record of the fee interest in the parcel of land located at: (print address) \_\_\_\_\_ identified as Assessor Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ for which a land use permit, land division, general plan or ordinance amendment, or LAFCO application referral is being filed with Inyo county requesting an approval for: (specify type of project, for example: General Plan amendment) \_\_\_\_\_, do hereby certify that:

1. Such application may be filed and processed with my (our) full consent, and that I (we) have authorized (print name of agent) \_\_\_\_\_ to act as my (our) agent in all contacts with Inyo County and to sign for all necessary permits in connection with this matter.
2. I (we) hereby grant consent to the Inyo County, its officers, agents, employees, independent contractors, consultants, subconsultants 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 county, their officers, agencies, employees, independent contractors, consultants, subconsultants, and their officers agents 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.
3. If prior notice is required for an entry to survey or inspect the property. Please contact:  
Print Name: \_\_\_\_\_  
Print Address: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_
4. I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property: \_\_\_\_\_  
\_\_\_\_\_

Person or entity granting consent:

Print Name: \_\_\_\_\_  
Print Address: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of property owner: \_\_\_\_\_

Authorized agent:

Print Name: \_\_\_\_\_  
Print Address: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_  
Signature of authorized agent: \_\_\_\_\_ Date: \_\_\_\_\_

# Inyo County Planning Department

The following applications require the provision of public hearing notices to surrounding property owners within 300 feet:

- Conditional Use Permit
- Certificates of Compliance (boundary line adjustments and land divisions)
- General Plan Amendment
- Mobile Home Waiver
- Road Abandonment
- Surface Mining Reclamation Plan
- Variance
- Zoning Reclassification
- Tentative Parcel Map
- Tentative Tract Map

When applying for any of the above, you are required to provide the information necessary to notify the surrounding property owners about all public hearings for your project. This information shall be provided in the following manner:

1. Using the current Inyo Assessor's map(s) that includes the parcel(s) upon which your project is located and all parcels within 300 feet of the exterior boundary of that parcel, clearly outline the exterior boundaries of the parcel(s) on which your project is located. A second line must be drawn to clearly indicate a distance of 300 feet from the exterior boundaries of the parcel(s) upon which the project is located. Check the scale shown on each map (they may be different), and use all necessary adjoining maps to include surrounding properties within 300 feet.
2. Using the latest information from the Inyo County Assessor's tax roll under preparation, list the Assessor Parcel Numbers (APNs), property owners name, and address for all parcels located within, partially within, or touching the areas included within the 300 foot boundary of the parcel(s) upon which your project is located.
3. Assessor's Maps may be purchased from the Inyo County Assessor's Office. Staff can help you determine which map(s) you will need. **The Inyo County Assessor's Office will provide the required list of surrounding property owners for a fee. You may contact the Assessor's Office at (760) 878-0302.**
4. You must also prepare a list of the names and addresses of service providers to your proposed project including water service, sewer service, schools, fire protection, electricity, telephone, and cable television.
5. Include the following with your application when you submit it to the Planning Department:
  - The county assessor maps(s) covering your project site with the 300 foot surrounding area shown outlined.
  - The list of Assessor Parcel Numbers, property owners, and addresses for all properties within 300 feet of the subject site.
  - Names and addresses of the applicant, the applicant's representative or other interested parties.
  - Number 10 envelopes (letter-sized) with first class postage affixed and addressed to each owner and service provider.
  - This form signed and dated at the bottom.

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## CERTIFIED PROPERTY OWNER LIST

I, hereby certify that the attached information contains all of the assessor parcel numbers from the latest Assessor's Roll under preparation of all the properties within the area described on the attached application and within a distance of three hundred (300) feet from all exterior boundaries of that property. In addition, all service providers' names and addresses have been provided.

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

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

**INYO COUNTY PLANNING DEPARTMENT**  
**P.O. Drawer L**  
**Independence, CA 93526**

**CUSTOMER SURVEY**

This survey is part of the Planning Department's ongoing effort to improve services to citizens using the Inyo County permit processing system. This completed survey should be mailed in the enclosed postage paid envelope. Thank you for your feedback.

YES NO

		1. Is the Planning Department office located conveniently for your access?
		2. Would Planning Department field offices in other parts of Inyo County be important to you?
		3. Were you readily able to reach the Planning office by telephone?
		4. Were return calls made within a reasonable amount of time?
		5. Were handouts available explaining the various permits?
		6. Were the application forms clear and easy to use?
		7. Did you receive a clear indication of the processing time for your project?
		8. At the time of application were you told your public hearing date?
		9. Did you receive the help you needed from the Planning staff?
		10. Was a review copy of the staff report submitted to you before the Planning Commission meeting?
		11. Did you discuss the staff report and recommended conditions with staff before the Planning Commission meeting?
		12. Did staff recommend fair and reasonable permit conditions?
		13. Did the Planning staff present information to you understandably?
		15. Were the applications processing fees required by the County for your Planning applications appropriate for the services received?
		16. Was your interaction with the Planning Department agreeable?
		17. Did the Planning Commission conduct an impartial hearing for your project?

Do you have any suggestions for improving service or complaints concerning the service you received from the Planning Department?

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If you would like a response to your comments, please provide your name and telephone number (optional).

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_