

UNIFORM APPLICATION FORM (Rev. 11-01)
FOR ZONING PERMIT APPLICATIONS,
PURSUANT TO THE KINGS COUNTY ZONING ORDINANCE
 (Please print with ink or type)

Permit No: SPR CUP MHR AqLD IPM PUD MP _____ - _____
 (Circle one)

SUMMARY INFORMATION FORM FOR ZONING PERMIT APPLICATIONS:

The purpose of this form is to provide information concerning the proposed development to help determine whether it conforms with the provisions of the current zoning ordinance. Only the owner or owner's authorized agent may submit an application. The following information is necessary to properly and efficiently process the application. Incomplete applications cannot be accepted as complete and may delay the processing of the application until all of the required information is submitted. Please follow these directions and print or type all answers. If the information requested is not applicable to the proposal, write N/A in the space. Attachments may be used to better illustrate or explain the project.

PART A: APPLICANT CERTIFICATION

I hereby certify that the statements furnished in this application and in the attached exhibits present the data and information 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. Furthermore, I hereby certify that I am aware that both on-site and off-site improvements may be required to make the zoning permit valid. **When filing is done by mail or signatures are not witnessed by a Planning Division Representative, signatures must be notarized.**

APPLICANT : _____; **DATE:** _____ 20____; _____
 (Signature)

Applicant's Name: _____

Mailing Address: _____

City: _____, **State:** _____, **Zip:** _____

Phone No.: (_____) _____; **Cell Phone No.** _____ **FAX No.:** (_____) _____

PART B: PROPERTY OWNER CERTIFICATION (To be completed if the applicant is not the property owner) I hereby certify under penalty of perjury that I am the owner of the property described in this application and that the applicant is authorized by me to make this zoning permit application for the proposed use on my property. Furthermore, I hereby certify that I understand that both on-site and off-site improvements may be required to make the zoning permit valid. **When filing is done by mail or signatures are not witnessed by a Planning Division Representative, signatures must be notarized.**

PROPERTY OWNER: _____; **DATE:** _____ 20____; _____
 (Signature)

Property Owner's Name (if different from Applicant): _____

Address: _____, **City:** _____, **State:** _____ **Zip:** _____

Phone No.: (_____) _____; **Cell Phone No.** _____ **FAX No.:** (_____) _____

If multiple owners, partnership, corporation, trust, estate, etc. please continue on separate sheet

Subscribed and certified by: _____

 Planning Division Representative

 Date

 Receipt Number:

PART B: (Continued) CERTIFICATION BY ADDITIONAL PROPERTY OWNERS

All additional persons with an ownership interest must sign below

I hereby certify under penalty of perjury that I am the owner of the property described in this application and that the applicant is authorized by me to make this zoning permit application for the proposed use on my property. Furthermore, I hereby certify that I understand that both on-site and off-site improvements may be required to make the zoning permit valid. **When filing is done by mail or signatures are not witnessed by a Planning Division Representative, signatures must be notarized.**

PROPERTY OWNER: _____; **DATE:** _____ 20____; _____
(Signature)

Property Owner's Name (if different from Applicant): _____

Address: _____, City: _____, State: _____ Zip: _____

Phone No.: (____) _____; Cell Phone No. _____ FAX No.: (____) _____

PROPERTY OWNER: _____; **DATE:** _____ 20____; _____
(Signature)

Property Owner's Name (if different from Applicant): _____

Address: _____, City: _____, State: _____ Zip: _____

Phone No.: (____) _____; Cell Phone No. _____ FAX No.: (____) _____

PROPERTY OWNER: _____; **DATE:** _____ 20____; _____
(Signature)

Property Owner's Name (if different from Applicant): _____

Address: _____, City: _____, State: _____ Zip: _____

Phone No.: (____) _____; Cell Phone No. _____ FAX No.: (____) _____

PROPERTY OWNER: _____; **DATE:** _____ 20____; _____
(Signature)

Property Owner's Name (if different from Applicant): _____

Address: _____, City: _____, State: _____ Zip: _____

Phone No.: (____) _____; Cell Phone No. _____ FAX No.: (____) _____

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If the title to the property is other than a single, joint or multiple ownership, please use the following space to state precisely in what manner the title to the property is recorded (i.e., partnership, corporation, trust, estate, etc.)

1. Name of partnership, corporation, etc.: _____

2. Name and title of person authorized to execute this application for the above named corporation: _____

PART C: GENERAL PARCEL INFORMATION (Must be completed by the applicant)

Site address (if assigned): _____, City: _____, Zip Code: _____

Assessor's Parcel No. (APN's): _____

Project description/ Use Proposed: Each application shall include a complete project description which provides a project overview with all applicable information concerning the type of use proposed, hours of operation, number of shifts, number of employees, number and types of vehicles used in the operation. The project description shall also include the project sponsor's purpose and need for the project; project objectives; existing facilities; landscaping; lighting; signage; access/circulation; security and maintenance; fire suppression and safety proposals; storm water protection; water usage; surrounding land uses and setting; and other permits and approvals that may be required. If construction of new facilities is proposed the project should also address grading and compaction; construction and construction schedule; and project design features:

_____ Continued on a Separate Sheet

pursuant to Section _____ of the *Kings County Zoning Ordinance*.

Total Parcel Size: _____ sq. ft. or acres Dimensions: _____ feet wide; by _____ feet deep.
Building size: area _____ sq. ft.; _____ feet wide; by _____ feet long Number of Floors: _____
Number of Employees: _____ Max per shift _____ Is off-street parking provided? No Yes.
Hours of operation _____ Days per week _____ If yes, how many spaces: _____
Number of Handicapped Spaces: _____

METHOD OF SEWAGE DISPOSAL (check one):

- ___ Individual septic tank/leach field.
- ___ Public sewer system:
 - ___ Armona Community Service District _____ City of Corcoran
 - ___ Home Garden Community Service District _____ City of Hanford
 - ___ Kettleman City Community Service District _____ City of Lemoore
 - ___ Stratford Public Utility District ___ Other (Describe): _____

WATER SUPPLY SOURCE (check one):

- ___ Individual domestic well.
- ___ Public water system:
 - ___ Armona Community Service District _____ City of Corcoran
 - ___ Home Garden Community Service District _____ City of Hanford
 - ___ Kettleman City Community Service District _____ City of Lemoore
 - ___ Stratford Public Utility District ___ Other (Describe): _____

PART D: ZONING INFORMATION (To be filled out by Planning Div.)

Zone District Classification of the site: -----

Is a change of zone proposed? -----	Yes	No.
Is an engineered septic tank/leach field system required?-----	Yes	No.
Is the site in a Flood Zone?-----	Yes	No.
If yes, Panel No. 06031C-_____; Zone _____.		
Is the site in a floodway? -----	Yes	No.
Is the site restricted by Land Conservation (Williamson Act) Contract?-----	Yes	No.
If yes: Preserve No. _____, and Contract No. _____.		
Is the site located within the Enterprise Zone:-----	Yes	No.
Is the site located within an Airport Compatibility Zone? -----	Yes	No.
If yes: Compatibility Zone _____		
Is the property located within a City Primary Sphere?-----	Yes	No.
Is the property located within a City Secondary Sphere?-----	Yes	No.

PART E: TYPE OF CEQA REVIEW REQUIRED (To be filled out by Planning Div.)

If the project is Categorical Exempt, give Class: _____,
If project is a ministerial project, cite classification: _____
Is environmental review required? No Yes; If yes, attach environmental information form.

PART F: HAZARDOUS WASTE SITE DATA (Must be completed by the applicant)

Pursuant to Section 65962.5(f) of the California Government Code, which states:

"(f) Before a lead agency accepts as complete an application for any development project which will be used by any person, the applicant shall consult the lists sent to the appropriate city or county and shall submit a signed statement to the local agency indicating whether the project and any alternatives are located on a site that is included on any of the lists compiled pursuant to this section and shall specify the lists."

The following statement must be completed by the owner of the subject property or the owners authorized agent before this application can be certified complete by the Kings County Planning Division:

STATEMENT:

I have reviewed the attached "Cortese List Data Resources" list(s) from the www.calepa.ca.gov website and state that:

The subject site(s) of this application ___ is / ___ is not on the " Cortese List Data Resources " lists.

Site Address: _____ Site APN: _____

PART G: SITE PLAN DRAWING; INSTRUCTIONS FOR PREPARING A SITE PLAN DRAWING

(This must be completed by the applicant):

The site plan must be drawn in a neat and legible manner on paper a minimum of 8½ by 11 inches to a maximum of 24 by 36 inches in size. The scale must be large enough to show all details clearly. Five (5) copies of the site plan must be submitted with this application form. If additional copies will be necessary you will be notified. The following information must be included on the site plan. **Site plans for commercial and industrial projects shall be professionally drawn to scale and shall include elevation drawings of all structures, proposed or existing.**

- a. Name and address of the legal owner of the site, and of the applicant, if not the owner.
- b. Address of the property, if it has been assigned.
- c. Assessor's Parcel Number(s) (APN's).
- d. Date, north arrow, and scale of drawing.
- e. Dimensions of the exterior boundaries of the site.
- f. Name all adjacent streets, roads, or alleys, showing right-of-way and dedication widths, reservation widths, and all types of improvements existing or proposed.
- g. Locate and give dimensions of all existing and proposed structures on the property. Indicate the height and depth of the buildings and their distance to at least two (2) property lines. For structures that are proposed near or along streets in an agricultural or rural residential zone district, also provide the distance from the structure to the centerline of the street.
- h. Show access, internal circulation, parking, and loading space. Detail off-street parking, exits and entrances, complete with dimensions and numbers of parking spaces, including handicapped spaces.
- i. Show all walls, fences and gates; their locations, heights, materials and/or type.
- j. Show all signs; their location, size, height, and material used.
- k. Note all external lighting; location and the general nature and hooding devices.
- l. Indicate location of existing and proposed septic tanks and leach lines, and water wells within 50 feet of the property if the proposed use is not connected to a municipal water and sewer system (i.e. City of Hanford, Armona CSD, etc.).
- m. Show all water courses on site and within 100 feet of the property.
- n. Indicate method of storm water drainage.
- o. Note the distances to the nearest fire hydrant and proposed method of fire protection.
- p. Note any special method of fire protection (i.e., water tanks, new fire hydrant, etc.).
- q. Show existing and proposed landscaping.
- r. The applicant should include any additional information that may be pertinent or helpful concerning this application.
- s. Other data may be required to permit the decision maker to make the required findings.

PART H: SUPPLEMENTAL INFORMATION (Must be completed by the applicant)

1. FOR MOBILE HOME REVIEWS

The purpose of this supplemental form is to provide information concerning the proposed Site Plan Review-Mobile Home Review to help determine whether the application as proposed conforms with the provisions of the zoning ordinance.

a. Proposed Use:

- Mobile home as a residence, Name of Occupant: _____.
- Temporary mobile home for the care of an infirm relative (**Requires a certification from a medical doctor that additional care is necessary**),
Name of Infirm relative: _____.
Relationship to Property Owner: _____.
- Temporary mobile home for immediate relative over 62 years of age (**Requires picture ID with DOB**).
Name of Immediate relative: _____.
Relationship to Property Owner: _____.
- Mobile home as farm employee housing (**Requires documentation of employment**)
Name of Farm Employee: _____.

b. Type of mobile home: New; Used; Undecided.

c. Number of bedrooms in the proposed mobile home: _____ bedroom(s)

2. AGRICULTURAL LAND DIVISION SITE PLAN REVIEW; USE OF TENTATIVE PARCEL MAP (TPM) IN LIEU OF SITE PLAN

a. A Tentative Parcel Map (TPM) may be used in lieu of the site plan required in Part G if it includes all of the following additional information and the applicable information required in Part G:

- 1). The division is for the purpose of (Check one):
 - Transfer of title to: (Name of person) _____
 - Spouse
 - Child(ren)
 - Parent
 - Grandparent
 - Grandchild(ren)
 - Sibling(s)
 - Farm home retention
 - Farm home financing or farm structure financing.
- 2). Location and method of proposed and existing method of sewage disposal.
- 3). Location of proposed and existing domestic well location(s).
- 4). Area in acres, or square feet, of property to be transferred, and area of remainder property.
- 5). Location, distances to proposed division lines and property lines, number of stories of all existing surface or underground structures.
- 6). Location, widths, purpose and recorded owners of existing and proposed traversing easements or right-of-ways.