

UNIFORM APPLICATION FORM (Rev. 16-02)
FOR ZONING PERMIT APPLICATIONS,
PURSUANT TO THE KINGS COUNTY DEVELOPMENT CODE

(Please print with ink or type)

Permit No: SPR CUP MHR AgLD 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 Development Code. 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. If the applicant is also the property owner, then all other persons with an ownership interest must sign in Part B below.**

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

Applicant's Name: _____

Mailing Address: _____

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

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

Email (Required): _____

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.:** (____) _____

Email (Required): _____

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.: (____) _____

Email (Required): _____

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

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

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

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

Email (Required): _____

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

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

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

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

Email (Required): _____

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

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

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

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

Email (Required): _____

=====
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 Development Code*.

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 Accessible 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 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)

Section 65962.5(f) of the California Government Code states the following:

- (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 lists compiled pursuant to this section and shall specify any list. If the site is included on a list, and the list is not specified on the statement, the lead agency shall notify the applicant pursuant to Section 65493.

The "Cortese" list can be accessed at the following link:

http://www.envirostor.dtsc.ca.gov/public/search.asp?cmd=search&reporttype=CORTESE&site_type=CSITES,OPEN,FUDS,CLOSE&status=ACT,BKLG,COM&reporttitle=HAZARDOUS+WASTE+AND+SUBSTANCES+SITE+LIST

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 from the California Department of Toxic Substances Control's (DTSC's) "Envirostor" database dated _____, 20_____, and state that the subject site(s) of this application _____ is / _____ is not on the "Cortese" list.
- Name of applicant/agent: _____
- Address of applicant/agent: _____
- Applicant's/agent's phone number: _____
- Address of project site (street name and number if available and ZIP Code): _____

- Local agency (city/county): County of Kings _____
- Assessor's Parcel Number(s) for the project site: _____
- Specify any list pursuant to Section 65962.5 of the Government Code: "Cortese" list _____
- Regulatory identification number: _____
- Date of "Cortese" list: _____
- _____
Applicant's/agent's signature
- _____
Date of applicant's/agent's signature

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 a tentative parcel map (TPM) is used in lieu of the site plan pursuant to PART H.2 below, then eight (8) copies of the TPM 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 accessible 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 FOR MOBILE HOMES ON TIE DOWN SYSTEMS

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 Development Code. **(Note: 1) Mobile homes placed on a permanent foundation system do not qualify for a Mobile Home Review and 2) Property that is located in a flood zone does not qualify for a Mobile Home Review.)**

a. Proposed Use:

- Mobile home as a second dwelling in a One-Family Residential zone district and Multi-Family Residential zone district, in accordance with the regulations prescribed in Section 507of Article 5 of the *Kings County Development Code*.
- 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 Date of Birth)**.
Name of Immediate relative: _____.
Relationship to occupant(s) of the primary single-family dwelling unit:
_____.
- Mobile home as farm employee housing **(Requires one of the following forms of documentation of employment: W2, copy of a paystub, or a copy of Employer's Annual Federal Tax Return for Agricultural Employees Form 193)**
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.