

**COMMUNITY DEVELOPMENT AGENCY
C O U N T Y O F N E V A D A
P L A N N I N G D E P A R T M E N T
950 Maidu Avenue, Suite 170
Nevada City, CA 95959
Phone No. (530) 265-1222 FAX:(530) 265-9851**

**APPLICATION PACKET for
A ZONING ORDINANCE AMENDMENT**

This packet contains filing forms and instructions for submitting a complete application for an amendment to the County Zoning Ordinance, Chapter II of the Land Use and Development Code. You must complete all forms and submit all required supplemental documents or your application will not be accepted.

Applications must be filed in person in the Planning Department before 4:30 p.m., Monday through Friday. If all information is complete and no issues arise that require additional time for review, you should anticipate a public hearing before the Nevada County Planning Commission approximately 84 days after filing the application (60 days if no environmental review is required). Approximately 10 days prior to the hearing you will receive a Staff Report containing recommendations for your proposed amendment. **You or your authorized representative must attend the public hearing or no action will be taken.** During the public hearing, the Planning Commission will consider the staff recommendation, your comments, and any input from the public. The Commission will make a recommendation to the Board of Supervisors and may modify your proposal or continue it for additional information if necessary.

Once the Commission has made a recommendation your proposal will be scheduled for another public hearing before the County Board of Supervisors who has final authority for approving, denying or modifying your proposed amendment. A new staff report will be prepared and you will again receive a copy of that report and an agenda prior to the Board hearing. You should anticipate approximately 30 days between a Planning Commission hearing and the Board hearing, depending on the Board's schedule and whether there were any complex issues raised during the hearing. Ordinance amendments become effective 30 days after adoption by the Board of Supervisors at a p[ublic hearing.

**SUBMITTING A COMPLETE AND ACCURATE APPLICATION
WILL HELP TO MAINTAIN YOUR DESIRED HEARING SCHEDULE**

ORDINANCE AMENDMENT APPLICATION
FILING INSTRUCTIONS & CHECKLIST

This form must be filed with your application. Please check off (✓) each item to verify that the required information is attached. Your application will not be accepted if any required item is missing.

- () 1. The signed and completed Application form.
- () 2. Filing fees pursuant to the most recently adopted Resolution of the Board of Supervisors. The department for which the fee is required must approve any deviation from the adopted fee schedule.
- () 3. The signed and completed Agreement to Pay Form (attached).
- () 4. Attach a written description of your proposed amendment, listing:
 - a. The specific County Code Section proposed to be amended.
 - b. Specific language proposed to be added and/or deleted.
 - c. The reasoning, justification or need for the amendment.

This checklist is applicable to Ordinance Amendment applications only. If your application includes another project, including a Use Permit, Development permit or General Plan Amendment, please incorporate the information required by this checklist into your land use permit application. It is not necessary to duplicate forms or required attachments for projects that are filed concurrently on one application. To avoid delays in application submittal please call the Planning Department if you are unsure of any application requirement.

**NEVADA COUNTY PLANNING DEPARTMENT
LAND USE APPLICATION**

Please print or type in black ink

Type of application(s) for which you are applying:

- | | | |
|---|---|--|
| <input type="checkbox"/> Tentative Map | <input checked="" type="checkbox"/> Ordinance Amendment | <input type="checkbox"/> Certificate of Compliance |
| <input type="checkbox"/> Use Permit | <input type="checkbox"/> Zone Change | <input type="checkbox"/> Voluntary Merger |
| <input type="checkbox"/> Development Permit | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Home Business |
| <input type="checkbox"/> Administrative Dev. Permit | <input type="checkbox"/> Variance | <input type="checkbox"/> Temporary Commercial Permit |
| <input type="checkbox"/> Boundary Line Adjustment | <input type="checkbox"/> Setback Easement | <input type="checkbox"/> Management Plan |
| <input type="checkbox"/> Other (specify): _____ | | |

PROJECT DESCRIPTION: _____

Assessor's Parcel No(s) (if applicable): _____

Applicant Name(s): _____

Applicant Mailing Address: _____

Telephone #: () _____ E-Mail: _____ FAX#: _____

Property Owners Full Names (if applicable): _____

Property Owner Mailing Address: _____

Telephone #: () _____ E-Mail: _____ FAX#: _____

Name of Representative (if applicable): _____

Address of Representative: _____

Telephone #: () _____ E-Mail: _____ FAX#: _____

Site address(es): _____ Acreage(s): _____

Water Source: _____ Method of Sewage Disposal: _____

I hereby acknowledge that I have read the instructions for filing this application and state under penalty of perjury that the information provided on all attached documents is correct.

Signature of () Applicant or () Authorized Representative*

_____ Date: _____

_____ Date: _____

***Representative may sign application if a Letter of Authorization from the owner(s) is provided**



COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY
 950 MAIDU AVENUE, SUITE 170, NEVADA CITY, CA 95959-8617
 (530) 265-1222 FAX (530) 265-9854 <http://nevadacounty.com>

Planning Department Environmental Health Building Department Sanitation Department Dept. of Public Works Agricultural Commissioner

AGREEMENT TO PAY FORM

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay Form* must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.mynevadacounty.com>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:	Invoices and/or notices to be mailed to
APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	_____
_____	Telephone: _____
Email: _____	Email: _____

I would like to opt out of receiving County emails related to this project.

NCCDA Staff is authorized to consult with necessary governmental agencies concerning this project. They are also authorized to consult with the following individuals concerning my project: _____

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

_____ Dated: _____ CDL# _____
 Signature
 _____ Tel #: _____
 Printed Name

THIS SECTION FOR OFFICE USE ONLY

Service: _____ Program: _____ Job No: _____
 DPW #: _____ Project File #: _____ Billing Code: _____
 Amount Collected: \$ _____ Receipt #: _____ Date of Receipt: _____

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 DPW #: _____ Project File #: _____ Billing Code: _____
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