

**NEVADA COUNTY COMMUNITY DEVELOPMENT AGENCY
PLANNING DEPARTMENT
ERIC ROOD ADMINISTRATION BUILDING
950 Maidu Avenue, Suite # 170
Nevada City, California 95959-8617
Phone: (530) 265-1222 FAX: (530) 265-9851**

**REQUEST FOR A MINOR CHANGE
to an approved Use Permit or Development Permit**

An applicant may request minor changes to an approved land use permit (excluding subdivision approvals), before or after construction, or establishment and operation of the approved use. The Planning Director may authorize minor changes consistent with the limitations of Sec. L-II 5.8 of County Zoning Regulations.

Please type or print legibly in black ink

AP#: _____ **FILE NO.:** _____

DATE OF APPROVAL: _____

Planning Agency granting approval: ___ Staff ___ ZA ___ PC

What is the status of the project (constructed, or use commenced)?

Name of Applicant: _____

Mailing Address of Applicant: _____

Telephone #: _____ **FAX #:** _____

Name(s) & Address(es) of Property Owner(s): _____

Name & address of Representative: _____

Telephone #: _____ **FAX #:** _____

Street address of subject property: _____

Minor change proposed (attach a separate sheet if necessary to fully describe changes):

Signature of Applicant: _____ **Date:** _____

Note: If the applicant is not the property owner, a Letter of Authorization is required.

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, including a letter of authorization from the property owner(s) if forms are signed by a Representative.
- () 2. Filing fees pursuant to the most recently adopted Resolution of the Board of Supervisors.
- () 3. The signed and completed Agreement to Pay Form.
- () 4. One full size site plan or building elevations, depicting proposed changes.
- () 5. A letter outlining the proposed minor change. Include Nevada County's land use permit file number, e.g., U99-999.

**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 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 |

Other (specify): _____

PROJECT DESCRIPTION: _____

Assessor's Parcel No(s): _____

Applicant Name(s): _____

Applicant Mailing Address: _____

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

Property Owners Full Names: _____

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 () Property Owner(s) 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://mynevadacounty.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.

Signature

Dated: _____ CDL# _____

Printed Name

Tel #: _____

THIS SECTION FOR OFFICE USE ONLY

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



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