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

AMENDMENTS TO AN APPROVED DEVELOPMENT or USE PERMIT

In order to amend an approved but not expired Development Permit or Use Permit, the following information must be filed with your application. Please check off (\checkmark) each item to verify that the required information is attached. Your application will not be accepted if any required item is missing.

- () 1. A signed and completed Application form, including a letter of authorization from the property owner(s) if forms are signed by a Representative. Check "Other" as the Type of Application being applied for and list the County file number of the tentative map being amended.
- () 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. The completed Amendment to an Approved Development/Use Permit Information Form.
- () 5. If changes are proposed to the design of the site plan or design features, submit copies of the amended plan pages (10 for ZA projects; 20 for PC*), no less than 8½" x 17" in size, folded to 8½" x 14". **MAPS MUST BE FOLDED.**
 - *Note that, depending on the nature of your amendment proposal, additional copies of the approved Plans may be required prior to the hearing.
- () 6. If changes are proposed to the design of the tentative map, submit one $8\ 1/2$ " x 11" reduction of the revised tentative map.
- () 7. If the project site is located within the very high wildland fire hazard area severity zone the applicant shall submit a Fire Protection Plan to be approved by the Nevada County Fire Marshal and/or his/her designee, per the requirements outlines in the Nevada County Land Use and Development Code Section L-11 4.3.18.

NEVADA COUNTY PLANNING DEPARTMENT LAND USE APPLICATION

Please print or type in black ink

	I touse print or type in other in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Type of application(s) for which	h you are applying:	
Administrative Dev. Permit Boundary Line Adjustment Other (specify): PROJECT DESCRIPTION:	Ordinance Amendment Zone Change General Plan Amendment Variance Setback Easement	
		FAX#:
Property Owner Mailing Add	ress:	
Telephone #: ()	E-Mail:	FAX#:
Name of Representative (if app		
Telephone #: ()	E-Mail:	FAX#:
Site address(es): Water Source:	Acreage(s): Method of Sewage Disposal:	
*********	**********	**********
	ave read the instructions for filin mation provided on all attached or	g this application and state under documents is correct.
Signature of () Property Own	er(s) or () Authorized Represer	ntative*
		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 application	ble):	Address:		
Address:				
		Telephone:		
Email:		Email:		
I would like to opt out of re		ils related to this project. governmental agencies concerning this project.		
They are also authorized to consu	It with the following	individuals concerning my project:		
read the conditions concerning Nevada Coun have indicated does not pay required fees, I	ty Community Developmer will be responsible for pay ed project/property, render	om authorized to enter into this fee agreement on his/her behalf. I have not Agency Fees and I understand that in the event that the billing party I syment. I further agree to advise the department in writing should I now ring this agreement invalid as of the change of the date that the letter is		
Signature	Dated:	CDL#		
	Tel	#:		
Printed Name				
THIS SECTION FOR OFFICE USE ONLY				
Service:	Program:	Job No:		
DPW #:	Project File #:	Billing Code:		
Amount Collected: \$	_Receipt #:	Date of Receipt:		
	· ·	Job No:		
DPW #:	-	Billing Code:		
Amount Collected: \$	Receipt #:	Date of Receipt:		

AMENDMENT TO AN APPROVED DEVELOPMENT OR USE PERMIT INFORMATION FORM

Please type or print legibly in black ink

APPROVED PERMIT NO:	
DATE OF APPROVAL: APPRO	OVAL EXPIRATION DATE:
HEARING BODY GRANTING APPROVAL:	Planning Commission
	Zoning Administrator
 This application proposes amendments to the follow changes to the Site Plan changes to design features (structural, landscap changes to the following adopted Mitigation Medical Changes to the following Medical Changes to the following	ping, signage)
changes to the following Conditions of Approx	val (list Condition #, e.g,. A.1):
2. Reason(s) for the proposed amendment(s):	
3. Describe the proposed amendments, for each propos	sed change checked above: