

NEVADA COUNTY COMMUNITY DEVELOPMENT AGENCY

PLANNING DEPARTMENT

ERIC ROOD ADMINISTRATION BUILDING

950 Maidu Avenue, Suite 170

Nevada City, CA 95959-8617 Phone: (530)265-1222 FAX (530)265-9851

**AMENDMENTS TO APPROVED TENTATIVE MAPS
RECORDED FINAL MAPS, OR PARCEL MAPS
(POST SUBDIVISION MODIFICATION)**

Sec. L-IV 2.18 of the County Subdivision Ordinance allows for corrections and amendments to an approved tentative map, recorded final map or a parcel map, if the amendments have a cumulatively minor effect on the subdivision and its impacts. The proposed changes to the map or to conditions of approval must be considered at a public hearing by the original approval body. Review of the proposed change shall be limited to consideration of the effects of the changes, not the entire project. The original time limits of the approval will not be changed by the amendment.

The following information must be filed with your application, you will need Forms #1, #2a, and #5. 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. 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. A typed letter that includes the following information:
 - a. The Tentative Map file number
 - b. The date of Tentative Map approval and by what hearing body.
 - c. Specify if the Planning Commission (PC); or the Zoning Administrator (ZA).
 - d. The date of Tentative Map expiration, noting any extensions that have been granted.
 - e. What changes you propose and if you propose changes to any conditions of approval, specify the condition by number. Explain the reasons for requesting the amendment(s).
- () 5. A copy of the Grant Deed, verifying ownership and the legal description of the effected parcel.
- () 6. If changes are proposed to the design of the tentative map, submit copies of the amended tentative map (10 for ZA projects; 15 for PC*), folded to 8 ½" x 14". **MAPS MUST BE FOLDED.**

*Note: depending on the nature of the proposed amendment, additional copies of the approved Tentative Map or revised Tentative Map may be required prior to the hearing.

- () 7. One 8 ½ x 11 reduction of the revised tentative map, if map is being revised.

**AMENDMENT TO AN APPROVED TENTATIVE MAP
INFORMATION FORM**

Please type or print legibly in black ink

APPROVE TENTATIVE MAP FILE NO: _____

DATE OF APPROVAL: _____ **APPROVAL EXPIRATION DATE:** _____

HEARING BODY GRANTING APPROVAL: _____ **Planning Commission**

_____ **Zoning Administrator**

This application proposed amendments to the following (check the applicable response(s):

_____ Changes to the Map Design

_____ Changes to the following adopted Mitigation Measures (list Mitigation Measure#):

_____ Changes to the following Conditions of Approval (list Condition #, e.g.A.1);

Reason(s) for the proposed amendment(s):

Describe the proposed amendments for each proposed change checked above:

**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://www.mynevadacounty.com>

Agricultural Commissioner

Building Department

Environmental Health

Planning Department

Dept. of Public Works

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 and the following individuals concerning this 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

Printed Name

Dated: _____ CDL# _____
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: _____	