



TELEPHONE 707-463-4281  
FAX 707-463-5709

COUNTY OF MENDOCINO  
DEPARTMENT OF PLANNING AND BUILDING SERVICES  
501 LOW GAP ROAD, ROOM 1440  
UKIAH, CALIFORNIA 95482

INLAND  
ADMINISTRATIVE PERMIT APPLICATION  
TEMPORARY USE

---

DEFINITIONS

**Administrative Permit:** A permit granted by an agency of Mendocino County for a use of a temporary nature. Such uses include: A circus, carnival, concert or other form of entertainment or religious assembly; Temporary structure required in construction or development (such as field offices, model homes, real estate sales offices); The temporary use of a trailer; Use of a building or trailer for the care of an ill family member; Temporary off-site signs or billboards.

**Plot Plan:** A plan of the subject property showing accurately the shape, dimensions and orientation of all existing and proposed improvements.

**Location Map:** A map showing the location of the subject property in relation to the nearest town or identifying landmarks, and the road used in getting to the property.

---

FACTS TO KNOW

- 1) Granting an Administrative Permit does not require a public hearing. However, the administering agency may require one in certain cases.
- 2) An Administrative Permit may either be approved, approved with conditions, or denied if it cannot be modified to conform with requirements.
- 3) Environmental Health Department information is required at the time the Administrative Permit is submitted to Planning and Building Services. Prior to submitting your application to the Department of Planning and Building Services, your application must first be **reviewed and approved by the Division of Environmental Health** for adequate water and sewage disposal.
- 4) Action by the Administrator is final unless appealed to the Board of Supervisors within 10 calendar days.
- 5) Depending upon the nature of the temporary use, Administrative Permits are valid for one/two year(s) after the date of approval. The permit will expire if it is not exercised within that time.
- 6) The expiration date of the Administrative Permit may be extended by the administering agency.

**NOTE: FAILURE TO COMPLY WITH ALL CONDITIONS OF THE ADMINISTRATIVE PERMIT CONSTITUTES A VIOLATION OF THE MENDOCINO COUNTY ZONING ORDINANCE.**

**THE APPLICANT MUST SUBMIT TO THE MENDOCINO COUNTY DEPARTMENT OF PLANNING AND BUILDING SERVICES:**

- 1) **5 Copies** of the application form and initial site and project description questionnaire
- 2) **5 Copies** of the Plot Plan (See example attached)
- 3) **5 Copies** of the location map (See example attached)
- 4) **5 Copies** of sign elevations, if applicable (check with planner prior to application submission)
- 5) **Filing Fee** (Check with planner prior to application submission for current fees)
- 6) **1 signed Indemnification Agreement**

**PLEASE TAKE NOTE:**

- All application material **MUST** be collated into individual application packets.
- All maps, plans, etc. (except reproducibles) larger than 8 1/2 x 11 inches shall be folded to a maximum size of 8 1/2 x 11 inches.
- One 8 1/2 x 11 inch reproducible site plan shall be submitted with application.

**ANY APPLICATION NOT MEETING THE ABOVE CRITERIA WILL BE CONSIDERED INCOMPLETE and WILL BE RETURNED TO THE APPLICANT.**

\*\*\*\*\*

**YOUR APPLICATION WILL BE REVIEWED BY THE ZONING ADMINISTRATOR. AT THE DIRECTION OF THE ZONING ADMINISTRATOR, A PUBLIC HEARING MAY BE REQUIRED.**

**MENDOCINO COUNTY ZONING ADMINISTRATOR**

If a public hearing is required, you will be notified of the time and place that your application will be considered by the Zoning Administrator. Additionally, you will be sent a copy of any staff report on your project which will include the project recommendations and conditions of approval. Following a decision by the Zoning Administrator, you will have 10 calendar days during which you may appeal the decision to

the:

**BOARD OF SUPERVISORS**

Following your appeal, the Board of Supervisors will hold a hearing to consider your appeal. You will be notified by mail of the time and place that your appeal will be considered. Action by the Board of Supervisors is final.

**COUNTY OF MENDOCINO  
DEPT OF PLANNING AND BUILDING SERVICES  
501 LOW GAP ROAD, ROOM 1440  
UKIAH, CA 95482  
Telephone: 707-463-4281**

Case No(s) \_\_\_\_\_  
CDF No(s) \_\_\_\_\_  
Date Filed \_\_\_\_\_  
Fee \$ \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
Received by \_\_\_\_\_

Office Use Only

### ADMINISTRATIVE PERMIT APPLICATION

Name of Applicant	Name of Owner(s)	Name of Agent
Mailing Address	Mailing Address	Mailing Address
Telephone Number	Telephone Number	Telephone Number

Assessor's Parcel Number(s)

Parcel Size <input type="checkbox"/> Square feet <input type="checkbox"/> Acres	Street Address of Project
---	---------------------------

#### PROPOSED TEMPORARY USE

(Check Appropriate Boxes)

- |  |  |
|--|--|
| <input type="checkbox"/> ENTERTAINMENT EVENT OR RELIGIOUS ASSEMBLY | <input type="checkbox"/> FAMILY CARE UNIT              |
| <input type="checkbox"/> CONSTRUCTION SUPPORT FACILITY             | <input type="checkbox"/> TEMPORARY USE OF A TRAILER    |
| <input type="checkbox"/> TEMPORARY USE IN NEW SUBDIVISION          | <input type="checkbox"/> TEMPORARY SIGNS OR BILLBOARDS |
| <input type="checkbox"/> OTHER: _____                              |  |

I certify that the information submitted with this application is true and accurate.

\_\_\_\_\_  
Signature of Applicant/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

1. Describe the proposed project:			YES	NO	NOT APPLICABLE
Attached Dwelling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Detached Dwelling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Conversion of existing structure:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Unit will be rented:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Square footage of existing structure:	3. Square footage of proposed unit:	4. Number of bedrooms:			
5. Number of existing parking spaces:		6. Number of proposed parking spaces:			
7. In order to develop the proposed unit, will it be necessary to:			YES	NO	NOT APPLICABLE
A. Remove trees/any vegetation::	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Make substantial changes in terrain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. Construct a road?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D. Connect to existing water district?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E. Connect to existing sewer district?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F. Install a septic system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G. Connect to existing septic system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
H. Install an individual well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
I. OTHER (Explain)? _____					
I certify that the information submitted with this application is true and accurate:					
_____ Signature of Applicant/Agent	_____ Date	_____ Signature of Owner	_____ Date		

FOR STAFF PURPOSES ONLY			
<b>PLANNING &amp; BUILDING SERVICES</b>		<b>DIVISION OF ENVIRONMENTAL HEALTH</b>	
Zoning District: _____			
Setbacks: Front: _____ Feet		YES	NO
Rear: _____ Feet		<input type="checkbox"/>	<input type="checkbox"/>
Side: _____ Feet		Health Information submitted:	
Compliance with Mendocino County Code Chapter 20.168:	YES NO <input type="checkbox"/> <input type="checkbox"/>	Health Department Approval:	
Code Section reference if non-compliance with Mendocino County Code: _____		<input type="checkbox"/>	<input type="checkbox"/>
		_____ Signature	_____ Date

## THE PROJECT

1. Describe the proposed project, summarizing the number, function and size of proposed temporary uses:

2. What is the proposed duration of the temporary use (Please check one):

- |  |   |
|--|---|
| <input type="checkbox"/> Less than one week    | <input type="checkbox"/> Three to six months              |
| <input type="checkbox"/> One week to one month | <input type="checkbox"/> Six months to one year           |
| <input type="checkbox"/> One to three months   | <input type="checkbox"/> More than one year (_____ years) |

3. Designate the location of the site in terms of readily identifiable landmarks (e.g. mailboxes, mile posts, street intersections, etc.):

4. Briefly describe the proposed site, including information on existing structures and their uses, slopes, vegetation, waterways, streets, etc.:

5. How much off street parking will be provided:

- None       One Space       Two spaces       \_\_\_\_\_ spaces

6. In order to develop the proposed temporary facility, will it be necessary to:

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| A. Remove trees and other vegetation?       | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Make substantial changes in the terrain? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Construct a road?                        | <input type="checkbox"/> | <input type="checkbox"/> |

# CERTIFICATION AND SITE VIEW AUTHORIZATION

1. I hereby certify that I have read this completed application and that, to the best of my knowledge, the information in this application, and all attached appendices and exhibits, is complete and correct. I understand that the failure to provide any requested information or any misstatements submitted in support of the application shall be grounds for either refusing to accept this application, for denying the permit, for suspending or revoking a permit issued on the basis of such misrepresentations, or for seeking of such further relief as may seem proper to the County.
  
2. I hereby grant permission for County Planning and Building Services staff to enter upon and site view the premises for which this application is made in order to obtain information necessary for the preparation of required reports.

\_\_\_\_\_

Owner/Authorized Agent \_\_\_\_\_  
Date

NOTE: IF SIGNED BY AGENT, OWNER MUST SIGN BELOW.

AUTHORIZATION OF AGENT

I hereby authorize \_\_\_\_\_ to act as my representative and to bind me in all matters concerning this application.

\_\_\_\_\_

Owner \_\_\_\_\_  
Date

## MAIL DIRECTION

To facilitate proper handling of this application, please indicate the names and mailing addresses of individuals to whom you wish correspondence and/or staff reports mailed if different from those identified on Page One of the application form.

<b>Name</b>	<b>Name</b>	<b>Name</b>
<b>Mailing Address</b>	<b>Mailing Address</b>	<b>Mailing Address</b>

## **INDEMNIFICATION AND HOLD HARMLESS**

ORDINANCE NO. 3780, adopted by the Board of Supervisors on June 4, 1991, requires applicants for discretionary land use approvals, to sign the following Indemnification Agreement. Failure to sign this agreement will result in the application being considered incomplete and withheld from further processing.

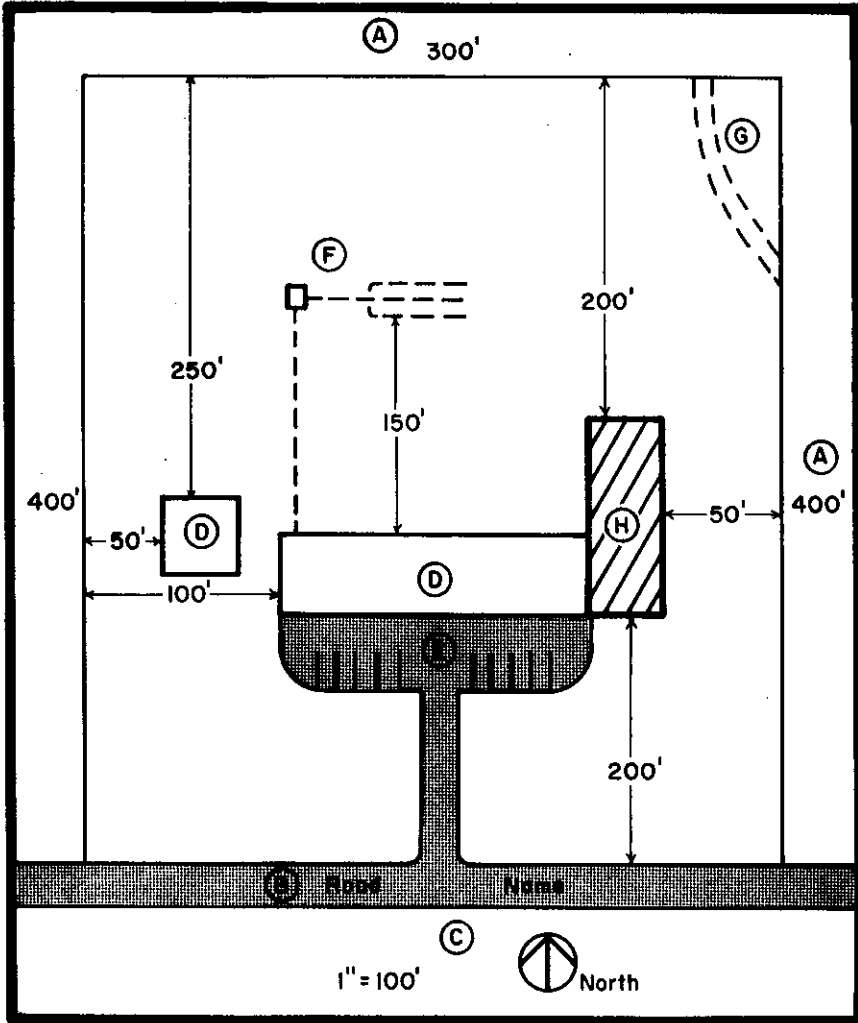
### **INDEMNIFICATION AGREEMENT**

As part of this application, applicant agrees to defend, indemnify, release and hold harmless the County of Mendocino, its agents, officers, attorneys, employees, boards and commissions, as more particularly set forth in Mendocino County Code Section 1.04.120, from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void or annul the approval of this application or adoption of the environmental document which accompanies it. The indemnification shall include, but not be limited to, damages, costs, expenses, attorney fees or expert witness fees that may be asserted by any person or entity, including the applicant, arising out of or in connection with the approval of this application, whether or not there is concurrent, passive or active negligence on the part of the County, its agents, officers, attorneys, employees, boards and commissions.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant

# Sample Plot Plan



- A. Parcel Shape and Dimensions.
- B. Adjacent Streets.
- C. North Arrow and Scale.
- D. Existing Buildings including distance from property lines.
- E. Driveways, Parking and Loading Areas.
- F. Existing and proposed septic system and wells including distances from structures.
- G. Easements and Utility lines (power, sewer, water etc.).
- H. Proposed structure or addition including distance from property lines.

# Sample Location Map

