



COUNTY OF LAKE
Community Development Department
PLANNING DIVISION
Courthouse - 255 N. Forbes Street
Lakeport, California 95453
Phone (707) 263-2221 FAX (707) 263-2225

RECEIVED

11:36 a.m. MAY 28 2014

Planning Division Application
(Please type or print)

COUNTY OF LAKE
BOARD OF SUPERVISORS /
ADMINISTRATIVE OFFICE

Project name: HIGHLAND FARMS UP-2096
Assessors Parcel #: 007-006-35

INITIAL FEES:	
AB <u>24-02</u>	\$1,613.00
Sub Total:	\$1,613.00
Technology recovery 2% Cost	\$20.00
General Plan Maintenance Fee	\$61.00
Total:	\$1,694.00

Zoning: RL
General Plan: RL
Receipt #: 72653
Initial: YK

APPELLANT INFORMATION

NAME: Thomas Lajcik, Margaux Kambara AND ASSOCIATES
MAILING ADDRESS: 321 LAKEPORT BL #377 CITY: LAKEPORT
STATE: CA ZIP: 95453
PRIMARY PHONE: (916) 742-9999 SECONDARY PHONE: (916) 348-0781
EMAIL: Thrive95453@outlook.com

PROJECT LOCATION
ADDRESS: 7522 Highland Springs rd
HIGHLAND FARMS

PRESENT USE OF LAND:
RURAL LAND

DESCRIPTION OF PROJECT APPEALED:
CEQA AND OTHER LEGAL DEFICIENCIES
RELATED TO SERPENTINE,
CUMULATIVE EFFECT OF TRAFFIC,
PUBLIC LAND PROXIMITY, INACCURATE
INSUFFICIENT BIOLOGICAL /
HYDROLOGICAL RPT.

SURROUNDING LAND USES:
North: RL - w/ RESIDENTIAL
South: RL
East: RL - w/ HIGHLAND SPRINGS REC AREA
West: RL

PARCEL SIZE(S):
Existing: _____
Proposed: _____

Existing/Proposed Water Supply: _____
Existing/Proposed Sewage Disposal: _____
Fire Protection District: _____
School District: _____

At-Cost Project Reimbursement

I, _____, the undersigned, hereby authorize the County of Lake to process the above referenced appeal request in accordance with the County of Lake Code. I am paying an initial fee of \$ 1,694.00 as an estimated cost for County staff review, coordination and processing costs related to my appeal according to the master fee schedule. **In making this initial fee, I acknowledge and understand that the initial fee may only cover a portion of the total processing costs. Actual costs for staff time are based on hourly rates adopted by the Board of Supervisors in the most current County fee schedule. I also understand and agree that I am responsible for paying these costs even if the appeal is withdrawn or not approved.**


I understand and agree to the following terms and conditions of this Reimbursement Agreement:

1. Time spent by County of Lake staff in processing my appeal and any direct costs will be billed against the available initial fee. **"Staff time" includes, but is not limited to, time spent reviewing application materials, site visits, responding by phone or correspondence to inquiries from the appellant, the appellant's representatives, neighbors and/or interested parties, attendance and participation at meetings and public hearings, preparation of staff reports and other correspondence, responding to public records act requests or responding to any legal challenges related to the application. "Staff" includes any employee of the Community Development Department.**
2. If processing costs exceed the available initial fee, I will receive invoices payable within 30 days of billing.
3. I may, in writing, request a further breakdown or itemization of invoices, but such a request does not alter my obligation to pay any invoices in accordance with the terms of this agreement.

The signature(s) below signifies legal authority and consent to file an application in accordance with the information above. The signature also signifies that the submitted information and accompanying documents are true and accurate, and that the items initialed above have been read and agreed to.

Note: This agreement does not include other agency review fees or the County Clerk Environmental Document filing fees.

Name of Appellant or Appointed Designee for Payment of all At-Cost Appeal Fees:


(Please Print)

Name of Company or Corporation (if applicable):

(Please Print)

Mailing Address of the Appellant or Party responsible for paying processing fees:
(If a Corporation, please attach a list of the names and titles of Corporate officers authorized to act on behalf of the Corporation)

Name:



Date:

5/26/24

Email address:

Thrive.95453@outlook.com

Phone Number:

916-792-9999

Signature of Appellant/ Agent* Name

Date

Signature of Appellant

Date



COUNTY OF LAKE
 COMMUNITY DEVELOPMENT DEPARTMENT
 Planning Division
 Courthouse - 255 N. Forbes Street
 Lakeport, California 95453
 Telephone 707/263-2221 FAX 707/263-2225

APPEAL TO BOARD OF SUPERVISORS

Date: 5/28/24

Project Name (if applicable): HIGHLAND FARMS - UP - 2096

Appellant's Name: Thomas Lajcik, Margaux KAMBARA & ASSOCIATE

Appellant's Mailing Address: 371 LAKEPORT BLVD #377

LAKEPORT CA 95453 Phone #: 916-792-9999

Appellant's Representative Thomas Lajcik, Margaux KAMBARA

Phone #: 916-792-9999

Location of Project: HIGHLAND FARMS OFFICE OF HIGHLAND SPRINGS RD.

Assessor's Parcel Number: _____

Previous Action Taken: PUBLIC COMMENT IN PERSON & IN

WRITING A PLANNING COMMISSION HEARING Date: 5/27/24

Reason for Appeal: (Attach extra sheets if necessary)

- CEQA & OTHER LEGAL VIOLATIONS RELATED TO:
- SERPENTINE SOILS, OTHER ENVIRONMENTAL VIOLATIONS
- TRAFFIC CUMULATIVE EFFECT ON HIGHLAND SPRINGS RD
- INSUFFICIENT HYDROLOGY AND BIOLOGY RPT.
- PUBLIC LAND USE

Signature of Appellant/s

* PROTECTIONS

FOR OFFICE USE ONLY	
Appeal Number: _____	Related File#: _____
Fee: _____	Receipt #: _____
Date Received: _____	Received By: _____



COUNTY OF LAKE
 Community Development Department
 255 N. Forbes St.
 Lakeport, CA 95453
 (707) 263-2382

Receipt No.: **72653**
 Receipt Date: **05/28/2024**

R E C E I P T

RECORD & PAYER INFORMATION

Record ID: AB24-02
 Record Type: Planning Entitlement
 Property Address: 7522 HIGHLAND SPRINGS RD, LAKEPORT 95453
 Parcel Number: 007-006-35
 Description of Work: Appeal UP20-96
 Cequa and other legal deficiencies related to serpentine, traffic, public land proximity, inaccurate and insufficient biological/ hydrology report.
 Job Value: \$0.00
 Payer: Margaret Jean Miyuki Kambara
 Applicant: Thomas Lajcik
 371 Lakeport Blvd # 327
 Lakeport, CA 95453
 Owner: LEVENTHAL REALTY HIGHLAND SPRINGS LLC

PAYMENT DETAIL

Date	Payment Method	Reference	Cashier	Comments	Amount
05/28/2024	Check	1235	YCLAYBON		\$1,694.00

FEE DETAIL

Fee Description	Account	Fee Amount	Current Paid
TECH Recov Fee	001-2702-461.66-19	\$20.00	\$20.00
ENF Appeal to BOS	001-2702-492.79-90	\$1,000.00	\$1,000.00
ENF Appeal to BOS	001-1908-492.79-90	\$80.00	\$80.00
ENF Appeal to BOS	001-1231-461.66-10	\$420.00	\$420.00
ENF Appeal to BOS	170-4010-461.66-10	\$113.00	\$113.00
Gen Plan Maint'c Fee	001-2702-461.66-21	\$61.00	\$61.00
		\$1,694.00	\$1,694.00

