



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

JAN 18 REC'D

Planning Division Application

(Please type or print)
LAKE COUNTY COMMUNITY
DEVELOPMENT DEPT.COUNTY OF LAKE
BOARD OF SUPERVISORS /
ADMINISTRATIVE OFFICEProject name: Higher ground FarmsAssessors Parcel #: 008-026-07008-026-07

RECEIVED

JAN 18 2024

INITIAL FEES:

AB 724-01 \$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: A-WW-FF-A1General Plan: AReceipt # 709164Initial: SLH

APPELLANT INFORMATION

NAME: John C. Oliver
 MAILING ADDRESS: PO Box 335 CITY: Hopland
 STATE: CA ZIP: 95449
 PRIMARY PHONE: 707 234-9815 SECONDARY PHONE: 707 234-9541
 EMAIL: _____

PROJECT LOCATION

ADDRESS: 3545 Finley East Rd.PRESENT USE OF LAND: Ag / Fallow

DESCRIPTION OF PROJECT APPEALED:

22,000 Sq Ft Cannabis
Cultivation & processing

SURROUNDING LAND USES:

North: Ag
 South: Ag
 East: Ag
 West: Ag

PARCEL SIZE(S):

Existing: 24.8 Acres
 Proposed: _____

Existing/Proposed Water Supply: WellExisting/Proposed Sewage Disposal: SepticFire Protection District: SelmaSchool District: Selma

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BOARD OF SUPERVISORS /
ADMINISTRATIVE OFFICEProject name: Higher Ground FarmsAssessors Parcel #: 008 026 - 07008 - 026 - 07**INITIAL FEES:**AB 24-01 \$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: A-WW-FF-A1General Plan: AReceipt #: 70964Initial: JLH**APPELLANT INFORMATION**NAME: John C. Oliver
MAILING ADDRESS: PO Box 335 CITY: Hopland
STATE: CA ZIP: 95449
PRIMARY PHONE: 707 234-9815 SECONDARY PHONE: 707 234-9541
EMAIL: _____**PROJECT LOCATION**ADDRESS: 3545 Finley East Rd.PRESENT USE OF LAND: Ag / Fallow**DESCRIPTION OF PROJECT APPEALED:**22,000 Sq Ft Cannabis
Cultivation & processing**SURROUNDING LAND USES:**North: Ag
South: Ag
East: Ag
West: Ag**PARCEL SIZE(S):**Existing: 24.8 Acres
Proposed: _____Existing/Proposed Water Supply: WellExisting/Proposed Sewage Disposal: SepticFire Protection District: KelseyvilleSchool District: Kelseyville

At-Cost Project Reimbursement

I, John C. Oliver, 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:

~~Leo Cortina~~ Leo Cortina. Owner.
(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: * John C. Oliver

Date: 1/18/2024

Email address: HGFHCA@Hushmail.com

Phone Number: 707-234-9815

Signature of Appellant/ Agent* Name

Date

John C. Oliver
Signature of Appellant

1/18/2024
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: 1/18/2024

Project Name (if applicable): Higher Ground Farms

Appellant's Name: John C. Oliver

Appellant's Mailing Address: PO Box 335

Hopland, CA 95449 Phone #: 707-234-9815

Appellant's Representative _____

Phone #: _____

Location of Project: 3545 Finley East Rd.

Assessor's Parcel Number: 008-026-07

Previous Action Taken: Denied by planning Commission

Date: 1/11/2024

Reason for Appeal: (Attach extra sheets if necessary)

Project meets all standards & regulations.

John C. Oliver

Signature of Appellant/s

FOR OFFICE USE ONLY

Appeal Number: _____

Related File#: _____

Fee: _____

Receipt #: _____

Date Received: _____

Received By: _____