



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

### Planning Division Application

(Please type or print)

**Project name:** \_\_\_\_\_

**Assessors Parcel # :** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

<b>INITIAL FEES:</b>	
AB	\$1,065.00
<b>Sub Total:</b>	\$1,065.00
Technology recovery 2% Cost	\$25.10
General Plan Maintenance Fee	\$61.00
<b>Total:</b>	\$1,151.10

Zoning: \_\_\_\_\_

General Plan: \_\_\_\_\_

Receipt # \_\_\_\_\_

Initial: \_\_\_\_\_

### APPELLANT INFORMATION

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PRIMARY PHONE:** (\_\_\_\_) \_\_\_\_\_ **SECONDARY PHONE:** (\_\_\_\_) \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

### PROJECT LOCATION

**ADDRESS:** \_\_\_\_\_

**PRESENT USE OF LAND:**

\_\_\_\_\_  
\_\_\_\_\_

### DESCRIPTION OF PROJECT APPEALED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **SURROUNDING LAND USES:**

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

### **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 permit request in accordance with the County of Lake Code. I am paying an initial fee of \$\_\_\_\_\_ as an estimated cost for County staff review, coordination and processing costs related to my application (Resolution No. 2017-19, February 7, 2017). **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 I also understand and agree that I am responsible for paying these costs even if the application is withdrawn or not approved.**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 application 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 applicant, the applicant's representatives, neighbors and/or interested parties, attendance and participation at meetings and public hearings, preparation of staff reports and other correspondence, processing of any appeals, 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. Applicant shall defend, indemnify and hold harmless the County and its agents, including consultants, officers and employees from any claim, action or proceeding against the County or its agents, including consultants, officers or employees to attack, set aside, void, or annul the approval of this application or adoption of the environmental document which accompanies it. This indemnification obligation shall include, but not be limited to, damages, costs, expenses, attorney's fees, or expert witness costs that may be asserted by any person or entity, including the applicant, arising out of or in connection with the approval of this application, including any claim for private attorney general fees claimed by or awarded to any party against the County, and shall also include the County's costs incurred in preparing the administrative record which are not paid by the petitioner.

County shall promptly notify the applicant of any claim, action or proceeding. Notwithstanding the foregoing, the County shall control the defense of any such claim, action or proceeding unless the settlement is approved by the applicant and that the applicant may act in its own stead as the real party in interest in any such claim, action or proceeding.

The signature(s) below signifies 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.

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE(S)**

Name of Property Owner or Corporate Principal Responsible or Appointed Designee for Payment of all At-Cost Project Reimbursement Fees:

\_\_\_\_\_  
(Please Print)

Name of Company or Corporation (if applicable):

\_\_\_\_\_  
(Please Print)

Mailing Address of the Property Owner or Corporation/Company 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: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**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: \_\_\_\_\_

Project Name (if applicable): \_\_\_\_\_

Appellant's Name: \_\_\_\_\_

Appellant's Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Appellant's Representative \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Location of Project: \_\_\_\_\_

\_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Previous Action Taken: \_\_\_\_\_

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

Reason for Appeal: (Attach extra sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Appellant/s

#### FOR OFFICE USE ONLY

Appeal Number: \_\_\_\_\_

Related File#: \_\_\_\_\_

Fee: \_\_\_\_\_

Receipt #: \_\_\_\_\_

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

Received By: \_\_\_\_\_