



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

FEES

| | |
|-------------------------------|------------------|
| Initial Fee: | |
| IS | \$1425.00 |
| | \$ |
| | \$ |
| | \$ |
| SUB TOTAL: | \$ |
| Technology Recovery 2% Cost: | \$ 28.50 |
| General Plan Maintenance Fee: | \$ 50.00 |
| TOTAL: | \$1503.50 |

Planning Division Application

(Please type or print)

Project name: Bell Haven Dock Rehabilitation and Expansion

Assessors Parcel # : 044 - 030 - 01

APPLICANT:

NAME: Laurie Dohring
MAILING ADDRESS: 3400 DILLARD AVE
CITY:
KELSEYVILLE
STATE: CA **ZIP:** 95451
PRIMARY PHONE: (818) 653-1651 **SECONDARY**
PHONE: ()
EMAIL: LLAURIE@DOHRING.COM

PROPERTY OWNER (IF NOT APPLICANT):

NAME: BELL HAVEN_HOMOWNERS ASSOC.
MAILING ADDRESS: 3415 WHITE OAK WAY
CITY: KELSEYVILLE
STATE: CA **ZIP:** 95451
PRIMARY PHONE: (818) 653-1651
SECONDARY PHONE: ()
EMAIL: LLAURIE@DOHRING.COM

PROJECT LOCATION

ADDRESS: 6460 SODA BAY DR_TOWN or
AREA: KELSEYVILLE

DESCRIPTION OF PROJECT:

REPLACE EXISTING DOCK DECKING & DOCK EXPANSION: 21 NEW
PILINGS, ATTACHED COVERED BOAT LIFT, PAVILION, AND FLOATING
DOCK, SEE ATTCHED DESIGN SHEET

PRESENT USE OF LAND: NEAR SHORE PRIVATE RECREATIONAL DOCK

SURROUNDING LAND USES:

North: OPEN SPACE
South: RESORT COMMERCIAL
East: OPEN SPACE
West: RESORT COMMERCIAL

PARCEL SIZE(S):

Existing: N/A
Proposed: N/A

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

RECEIVED

MAY 27 2017

LAKE COUNTY COMMUNITY
DEVELOPMENT DEPT.

At-Cost Project Reimbursement

I, LAURIE DOHRING, 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 \$ 1,503.50 as an estimated cost for County staff review, coordination and processing costs related to my permit. **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 I also understand and agree that I am responsible for paying these costs even if the application is withdrawn or not approved.**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. Being the owner of the project location, I hereby authorize the application and authorize the County of Lake or authorized representative(s) to make inspections at any reasonable time as deemed necessary for the purpose of review and processing this application.
4. If I fail to pay any invoices within 30 days, the County may either stop processing my permit application, or after conducting a hearing, deny my permit application. All invoices must be paid in full prior to issuance of the applied for permit.
5. If the County determines that any study submitted by the applicant requires a County-contracted consultant peer review, I will pay the actual cost of the consultant review. This cost may vary depending on the complexity of the analysis. Selection of any consultant for a peer review shall be at the sole discretion of the Community Development Director or his designee.

6. I agree to pay the actual cost of any public notices for the project as required by State Law or the Lake County Zoning Ordinance.

7. 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.

8. I agree to pay all costs related to permit condition compliance as specified in any conditions of approval for my permit/entitlement including compliance monitoring.

9. I agree not to alter the physical condition of the property during the processing of this application by removing trees, demolishing structures, altering streams, and/or grading or filling. I understand that such alteration of the property may result in the imposition of criminal, civil or administrative fines or penalties, or delay or denial of the project.

10. 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. The 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.

11. I have checked the current Hazardous Waste and Substances Sites List pursuant to Government Code Section 65962.5(f). www.envirostor.dtsc.ca.gov/public/ The proposed project site is ☐ or is **not** ☒ included on the most recent list.

12. I understand that pursuant to State Fish and Games Code Section 711.4, a filing fee is required for all projects processed with a Negative Declaration or Environmental Impact Report unless it has been determined by the California Department of Fish (CDFW) that the project will have no effect on fish and wildlife. The fees are collected by the County Community Development Department, Planning and Environmental review Division (PER) for payment to the State. I understand that I will be notified of the fee amount upon release of the environmental document for the project.

13. I hereby agree that any drainage studies and/or drainage models that are provided to the County as part of the technical studies for this entitlement process will be provided with a license or other satisfactory release allowing the County to duplicate, distribute, and/or publish the studies and models to the general public without restriction. I understand that failure to provide such license or release to the satisfaction of the County may result in comment that the study and or model is inadequate to support the entitlement request.

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.

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE(S) OF LEGAL PROPERTY OWNERSHIP
OR OFFICIAL AGENT/AUTHORITY TO FILE (circle one)**

Ownership

Contract to Purchase*

Letter of Authorization*

Power of Attorney*

**Must Attach Evidence*

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

__ LAURIE DOHRING __

(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:* __ LAURIE DOHRING __

Date: _____

Email address: __laurie@dohring.com__

Phone Number: __ 818-653-1651 __

DocuSigned by:

Laurie Dohring

D7C41195351442F

Signature of Owners/Agent* Name

5/27/2017

Date

DocuSigned by:

Laurie Dohring

D7C41195351442F

Signature of Applicant

5/27/2017

Date

