



# DESIGN REVIEW APPLICATION

FILING FEE: \$130

DEPARTMENT OF PLANNING AND BUILDING SERVICES

707 Nevada Street, Suite 5 • Susanville, CA 96130-3912

(530) 251-8269 • (530) 251-8373 (fax)

www.co.lassen.ca.us

Form must be typed or printed clearly in black or blue ink. All sections must be completed in full.

This application consists of two pages; only attach additional sheets if necessary.

FILE NO. \_\_\_\_\_

<b>Property Owner/s</b>	<b>Property Owner/s</b>
Name:	Name:
Mailing Address:	Mailing Address:
City, ST, Zip:	City, ST, Zip:
Telephone: Fax:	Telephone: Fax:
Email:	Email:

<b>Applicant/Authorized Representative*</b>	<b>Agent (Land Surveyor/Engineer/Consultant)</b>
Same as above: <input type="checkbox"/>	Correspondence also sent to: <input type="checkbox"/>
Name:	Name:
Mailing Address:	Mailing Address:
City, ST, Zip:	City, ST, Zip:
Telephone: Fax:	Telephone: Fax:
Email:	Email: License #:

<b>Project Address or Specific Location:</b>			
<b>Deed Reference:</b> Book:	Page:	Year:	Doc#:
<b>Zoning:</b>		<b>General Plan Designation:</b>	
<b>Parcel Size (acreage):</b>		Section:	Township: Range:

<b>Assessor's Parcel Number(s):</b>	- -	- -	- -
- -	- -	- -	- -

<b>Project Description/Proposed Use of Structure:</b>

<b>SIGNATURE OF PROPERTY OWNER(S): I HEREBY ACKNOWLEDGE THAT:</b> I have read this application and state that the information given is both true and correct to the best of my knowledge. I agree to comply with all County ordinances and State laws concerning this application.	<b>*SIGNATURE OF APPLICANT/AUTHORIZED REPRESENTATIVE</b> (Representative may sign application on behalf of the property owner only if Letter of Authorization from the owner/s is provided, or if they have an appropriate contractor's license.)
Date:	Date:
Date:	Date:

See associated process form for required attachments and instructions.

Application for design review may be prepared by the property owner or his qualified agent and shall be accompanied by drawings or sketches made clear and legible on sheets of paper at least 8½"x11" in size. Three (3) copies of such applications for design approval shall be submitted to the Planning Department and shall include, but not be limited to, the following information:

**1. Plot Plan/Layout Design:**

- a) The location of all existing and proposed structures on the property together with their dimensions, distance between structures and setback distances from property lines.
- b) Approximate location of all streams, drainage channels, and/or bodies of water and an approximate indication of slope and elevation of the property.
- c) Names, locations, and widths of all existing and proposed streets or right-of-ways known to the owner as to location on or near the property.
- d) Proposed type and location of driveway, parking areas, sidewalks, fences, shrubs, landscaping, etc.
- e) The relation to the existing buildings and structures in the general vicinity and area.
- f) Location of sewer lines and leach field areas.

**2. Setbacks:**

<b>Front: Required</b>	_____	<b>Proposed</b>	_____
<b>Side: Required</b>	_____	<b>Proposed</b>	_____
<b>Rear: Required</b>	_____	<b>Proposed</b>	_____

**3. Proposed building and/or improvements showing the same as it will appear after the work for which the permit is sought shall have been completed:**

**Design of proposed construction and/or other improvement (show on drawings).**

**Height and area of buildings:** \_\_\_\_\_

**Ground level to roof peak:** \_\_\_\_\_

**Ground level to top of wall (show on drawings.):** \_\_\_\_\_

**Roofing:** Type: \_\_\_\_\_

Pitch: \_\_\_\_\_ Eave Lengths: Sides \_\_\_\_\_ Gabled Ends \_\_\_\_\_

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

**Elevations of proposed building (shown on drawings).**

**Exterior:** Material: \_\_\_\_\_

\*Color of Siding: \_\_\_\_\_

Masonry work – color and materials to be used: \_\_\_\_\_

\_\_\_\_\_

**\*Two (2) color samples of new roof or exterior must accompany this application.**

**Staff Use Only:** Fire Responsibility Area: ☐ SRA ☐ LRA-very high Chapter 7A materials required: ☐ Yes ☐ No

Conference with Cal Fire required: ☐ Yes ☐ No Building Inspector intake review complete (initial): \_\_\_\_\_ Date: \_\_\_\_\_