



PLANNING APPLICATION FORM

Humboldt County Planning Department

Current Planning Division 3015 H Street Eureka, CA 95501-4484

Phone (707) 445-7541 Fax (707) 268-3792

INSTRUCTIONS:

1. Applicant/Agent complete Sections I, II and III below.
2. It is recommended that the Applicant/Agent schedule an Application Assistance meeting with the Assigned Planner. Meeting with the Assigned Planner will answer questions regarding application submittal requirements and help avoid processing delays. A small fee is required for this meeting.
3. Applicant/Agent needs to submit all items marked on the reverse side of this form.

SECTION I

**APPLICANT** (Project will be processed under Business name, if applicable.)

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alt. Tel: \_\_\_\_\_

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

**AGENT** (Communications from Department will be directed to agent)

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alt. Tel: \_\_\_\_\_

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

**OWNER(S) OF RECORD** (If different from applicant)

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

LOCATION OF PROJECT

Site Address: \_\_\_\_\_

Community Area: \_\_\_\_\_

Assessor's Parcel No(s): \_\_\_\_\_

Parcel Size (acres or sq. ft.): \_\_\_\_\_

Is the proposed building or structure designed to be used for designing, producing, launching, maintaining, or storing nuclear weapons or the components of nuclear weapons? ☐ YES ☐ NO

SECTION II

PROJECT DESCRIPTION

Describe the proposed project (attach additional sheets as necessary):

SECTION III

OWNER'S AUTHORIZATION & ACKNOWLEDGEMENT

I hereby authorize the County of Humboldt to process this application for a development permit and further authorize the County of Humboldt and employees of the California Department of Fish and Wildlife to enter upon the property described above as reasonably necessary to evaluate the project. I also acknowledge that processing of applications that are **not** complete or do not contain truthful and accurate information will be delayed and may result in denial or revocation of approvals.

Patrick Kaspari

Applicant Signature

July 16, 2025

Date

**If the applicant is not the owner of record:** I authorize the applicant/agent to file this application for a development permit and to represent me in all matters concerning the application.

\_\_\_\_\_  
Owner of Record Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner of Record Signature

\_\_\_\_\_  
Date

**This side completed by Planning Staff**

Checklist Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION**

| Item                                                                                                                              | Received                 | Item                                                                                                     | Received                 |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------|--------------------------|
| <input type="checkbox"/> Filing Fee of \$ _____                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> Architectural Elevations                                                        | <input type="checkbox"/> |
| <input type="checkbox"/> Fee Schedule (see attached, please return completed fee schedule with application)                       | <input type="checkbox"/> | <input type="checkbox"/> Design Review Committee Approval                                                | <input type="checkbox"/> |
| <input type="checkbox"/> Plot Plan 12 copies (folded if > 8½" x 14")                                                              | <input type="checkbox"/> | <input type="checkbox"/> CEQA Initial Study                                                              | <input type="checkbox"/> |
| <input type="checkbox"/> Tentative Map 12 folded copies (Minor Subd)                                                              | <input type="checkbox"/> | <input type="checkbox"/> Exception Request Justification                                                 | <input type="checkbox"/> |
| <input type="checkbox"/> Tentative Map 18 folded copies (Major Subd)<br>[Note: Additional plot plans/maps may be required]        | <input type="checkbox"/> | <input type="checkbox"/> Joint Timber Management Plan                                                    | <input type="checkbox"/> |
| <input type="checkbox"/> Tentative Map/Plot Plan Checklist (complete & return with application)                                   | <input type="checkbox"/> | <input type="checkbox"/> Lot Size Modification Request Justification                                     | <input type="checkbox"/> |
| <input type="checkbox"/> Floor Plan                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> Military Training Route (see County GIS)                                        | <input type="checkbox"/> |
| <input type="checkbox"/> Division of Environmental Health Questionnaire                                                           | <input type="checkbox"/> | <input type="checkbox"/> Parking Plan                                                                    | <input type="checkbox"/> |
| <input type="checkbox"/> On-site sewage testing (if applicable)                                                                   | <input type="checkbox"/> | <input type="checkbox"/> Plan of Operation                                                               | <input type="checkbox"/> |
| <input type="checkbox"/> On-site water information (if applicable)                                                                | <input type="checkbox"/> | <input type="checkbox"/> Preliminary Hydraulic & Drainage Plan                                           | <input type="checkbox"/> |
| <input type="checkbox"/> Solar design information                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> R1 / R2 Report (Geologic/Soils Report, 3 copies with original signatures)       | <input type="checkbox"/> |
| <input type="checkbox"/> Chain of Title                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> Reclamation Plan, including engineered cost estimate for completing reclamation | <input type="checkbox"/> |
| <input type="checkbox"/> Grant Deed<br><input type="checkbox"/> Current <input type="checkbox"/> Creation                         | <input type="checkbox"/> | <input type="checkbox"/> Accessory Dwelling Unit Fact Sheet                                              | <input type="checkbox"/> |
| <input type="checkbox"/> Preliminary Title Report ( <u>two copies</u> , prepared within the last six months prior to application) | <input type="checkbox"/> | <input type="checkbox"/> Variance Request Justification                                                  | <input type="checkbox"/> |
|                                                                                                                                   |                          | <input type="checkbox"/> Vested Right Documentation/Evidence                                             | <input type="checkbox"/> |
|                                                                                                                                   |                          | <input type="checkbox"/> Other _____                                                                     | <input type="checkbox"/> |
|                                                                                                                                   |                          | _____                                                                                                    | <input type="checkbox"/> |
|                                                                                                                                   |                          | <input type="checkbox"/> Other _____                                                                     | <input type="checkbox"/> |
|                                                                                                                                   |                          | _____                                                                                                    | <input type="checkbox"/> |
|                                                                                                                                   |                          | <input type="checkbox"/> Other _____                                                                     | <input type="checkbox"/> |
|                                                                                                                                   |                          | _____                                                                                                    | <input type="checkbox"/> |

**FOR INTERNAL USE**

|                                                                                                                                                |                                                                                                                                                      |                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Ag. Preserve Contract                                                                                                 | <input type="checkbox"/> General Plan Amendment                                                                                                      | <input type="checkbox"/> Reclamation Plan                          |
| <input type="checkbox"/> Certificate of Compliance                                                                                             | <input type="checkbox"/> General Plan Petition                                                                                                       | <input type="checkbox"/> Surface Mining Permit                     |
| <input type="checkbox"/> Coastal Development Permit<br><input type="checkbox"/> Administrative<br><input type="checkbox"/> Planning Commission | <input type="checkbox"/> Information Request                                                                                                         | <input type="checkbox"/> Surface Mining Vested Right Determination |
| <input type="checkbox"/> Design Review<br><input type="checkbox"/> Inland<br><input type="checkbox"/> Coastal                                  | <input type="checkbox"/> Modification to _____                                                                                                       | <input type="checkbox"/> Timber Harvest Plan Information Request   |
| <input type="checkbox"/> Determination of Legal Status                                                                                         | <input type="checkbox"/> Lot Line Adjustment                                                                                                         | <input type="checkbox"/> Use Permit<br>H.C.C. § _____              |
| <input type="checkbox"/> Determination of Substantial Conformance                                                                              | <input type="checkbox"/> Preliminary Project Review                                                                                                  | <input type="checkbox"/> Variance<br>H.C.C. § _____                |
| <input type="checkbox"/> Extension of _____                                                                                                    | <input type="checkbox"/> Special Permit<br><input type="checkbox"/> Administrative<br><input type="checkbox"/> Planning Commission<br>H.C.C. § _____ | <input type="checkbox"/> Zone Reclassification                     |
| <input type="checkbox"/> Fire Safe Exception Request                                                                                           | <input type="checkbox"/> Subdivision<br><input type="checkbox"/> Parcel Map<br><input type="checkbox"/> Final Map                                    | <input type="checkbox"/> Other _____                               |
|                                                                                                                                                | <input type="checkbox"/> Exception to the Subdivision Requirements                                                                                   | <input type="checkbox"/> Other _____                               |

|                                                                          |  |  |                                     |  |  |                                         |  |  |
|--------------------------------------------------------------------------|--|--|-------------------------------------|--|--|-----------------------------------------|--|--|
| Application Received By: _____                                           |  |  | Date: _____                         |  |  | Receipt Number: _____                   |  |  |
| General Plan Designation: _____                                          |  |  |                                     |  |  |                                         |  |  |
| Plan Document: _____                                                     |  |  |                                     |  |  |                                         |  |  |
| Land Use Density: _____                                                  |  |  |                                     |  |  |                                         |  |  |
| Zone Designation: _____                                                  |  |  |                                     |  |  |                                         |  |  |
| Coastal Jurisdiction Appeal Status:                                      |  |  | <input type="checkbox"/> Appealable |  |  | <input type="checkbox"/> Not Appealable |  |  |
| Preliminary CEQA Status:                                                 |  |  |                                     |  |  |                                         |  |  |
| <input type="checkbox"/> Environmental Review Required                   |  |  |                                     |  |  |                                         |  |  |
| <input type="checkbox"/> Categorically Exempt From Environmental Review: |  |  | Class _____                         |  |  | Section _____                           |  |  |
| <input type="checkbox"/> Statutory Exemption:                            |  |  | Class _____                         |  |  | Section _____                           |  |  |
| <input type="checkbox"/> Not a Project                                   |  |  |                                     |  |  |                                         |  |  |
| <input type="checkbox"/> Other _____                                     |  |  |                                     |  |  |                                         |  |  |