

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.
- 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.)	AGENT (Communications from Department will be directed to agent)	
Business Name: Contact Person: Mailing Address: Gity, St, Zip: Telephone: 125 200 7124 Alt. Tel: Email: 125 ARCATA CA 15524 Telephone: 12	Business Name: OM SPERG & TORSTON Contact Person: HM PROSTON Mailing Address: 402 & STREET City, St, Zip: CAREFA, CA 95501 Telephone: 400 HS BERG, Caw	
Owner's Name: NIGUEN & GLACA GRAND Mailing Address: City, St, Zip: Email: LOCATION OF PROJECT Site Address: DEV FLAVE HUV Community Area: ARCATA CAA Is the proposed building or structure designed to be used for	Mailing Address: 10. 100% (AB) City, St, Zip: 2. RBZL (A 95550) Telephone: (101) (1006-14724 Email: 2. COM) Tol. (2. COM) Assessor's Parcel No(s).: 900-01-12-500-01-10 Parcel Size (acres or sq. ft.): 17-14-140-1	
nuclear weapons or the components of nuclear weapons?	TION II	
PROJECT DESCRIPTION	TOTAL	
Describe the proposed project (attach additional sheets as necession of Zone From for Amendment APN 500 - 081 - 002	Reclassification of for 4-0.7 ac of	
SECT	TION III	
OMNEDIC AUTHORIZATION & ACKNOWLEDGEMENT		
OWNER'S AUTHORIZATION & ACKNOWLEDGEMENT I hereby authorize the County of Humboldt to process this a County of Humboldt and employees of the California Depart described above as reasonably necessary to evaluate the p that are not complete or do not contain truthful and accurate revocation of approvals.	roject. I also acknowledge that processing of applications	
Applicant Signature	Date	
If the applicant is not the owner of record: I authorize the permit and to represent me in all matters concerning the applicant is not the owner of record: I authorize the permit and to represent me in all matters concerning the applicant is not the owner of record: I authorize the permit and to represent me in all matters concerning the applicant is not the owner of record: I authorize the permit and to represent me in all matters concerning the applicant is not the owner of record: I authorize the permit and to represent me in all matters concerning the applicant is not the owner of record: I authorize the permit and to represent me in all matters concerning the applicant is not the owner of record: I authorize the permit and to represent me in all matters concerning the applicant is not the owner of records.	1/29/2024	
Owner of Record Signature	Date	
Owner of Record Signature	Date	

COUNTY OF HUMBOLDT CAMPAIGN CONTRIBUTION DISCLOSURE FORM

Application Number: ARA	500-071-	-012 et al
•	Green Diamond	
Was a campaign contribution, re Board of Supervisors, Planning	Commission, or to an	r amount, made to any member of the Humboldt County by County Elected Official in the 12-month period prior to olle, any of the applicant's proposed subcontractors or the
Yes No_X		
If no, please sign and date belov	v.	
If yes, please provide the follow	ing information:	
Applicant's Name:		
Is the contributor the: Applicant	Yes	No
Subcontractor	Yes	
The Applicant's Agent	Yes	No
you, your subcontractors, and/or submittal, the name of the contri must include the exact month, do Name of Board of Supervisors M	agent made campaig butor, the dates of co ay, and year of the co dember, Planning Co	ng Commissioner(s) and County Elected Official(s) to whom an contributions in the 12-month period prior to application entribution(s) and dollar amount of the contribution. Each date entribution. mmissioner, or County Elected Official:
Amount(s):		
(Please add an additional sheet(s your subconsultants, and/or ager) to identify addition	al Board Members or County Elected Official to whom you,
County any future contributions applicable, any of the applicant?	made to Board Mem s proposed subcontra	herein are true and correct. I also agree to disclose to the bers or County Elected Officials by the applicant, or, if ctors or the applicant's agent after the date of signing this approval, renewal, or extension of the requested license,
1/29/2024		Croll Coupt
Date		Signature of Applicant
Green Diamond Resource	Company	Craig Compton, Real Property Manager
Print Firm Name if applicable		Print Name of Applicant

HAZARDOUS WASTE AND SUBSTANCES STATEMENT	
The development project and any alternatives proposed in this application are contained on the lists compiled pursuant to Section 65962.5 of the Government Code. Accordingly, the project applicant is required to submit a signed statement that contains the following information:	1000
Name of applicant: NEWN STANDER Address: BIN FICHER HIMPOAD Phone number: (976) 300-7131 Address of site (street name and number if available, and ZIP Code): SAME AS ABM Local agency (city/county): Humboldt County Assessor's book, page, and parcel number: 500-071-013-8 500-081-00. Specify any list pursuant to Section 65962.5 of the Government Code:	É
Regulatory Identification number: Date of list: N/A Applicant, Date 1/23/2014	

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