

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 <u>all</u> 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: McKinleyville Community Services District	Business Name:						
Contact Person: Patrick Kaspari	Contact Person:						
Mailing Address: P.O. Box 2037	Mailing Address:						
City, St, Zip: McKinleyville CA 95519	City, St, Zip:						
Telephone: (707) 839-3251 Alt. Tel:	Telephone: Alt. Tel:						
Email: pkaspari@mckinleyvillecsd.com	Email:						
OWNER(S) OF RECORD (If different from applicant)							
Owner's Name:	Owner's Name:						
Mailing Address:	Mailing Address:						
City, St, Zip:	City, St, Zip:						
Telephone: Email:	Telephone: Email:						
LOCATION OF PROJECT							
Site Address: Empty lot at NW corner of School Rd and Washington	Assessor's Parcel No(s).: 508-242-043-000						
Community Area: McKinleyville	Parcel Size (acres or sq. ft.): 3						
Is the proposed building or structure designed to be used for nuclear weapons or the components of nuclear weapons?	r designing, producing, launching, maintaining, or storing ☐ YES ☑ NO						
SECT	TION II						
PROJECT DESCRIPTION Describe the proposed project (attach additional sheets as necessary)	on/).						
1	•						
Construction of a BMX Track and Park. This will include a track, basketball court, pickle ball court							
and a bathroom.							
SECTION III							
OWNER'S AUTHORIZATION & ACKNOWLEDGEMENT							
I hereby authorize the County of Humboldt to process this ap							
County of Humboldt and employees of the California Depart							
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.							
	8/26/2024						
Applicant Signature	 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						
S. H. S. S. H. S. S. G.	24.0						
Owner of Record Signature	 Date						

This side completed by Planning Staff

Checklist Completed by: ______ Date: _____

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION

<u>Iten</u>	n	Rec	<u>eived</u>	<u>Iter</u>	n		Received		
	Filing Fee of \$				Architectural E	levations			
	Fee Schedule (see attached, please	e return			Biological Asse	essment			
	completed fee schedule with applica	ation)			Campaign Disc	losure Form			
	Plot Plan 1 copy				Exception Req	uest Justification			
	☐ Tentative Map 1 copy (Minor Subd)				Hazardous Wa	ste Statement per 65962.5			
	Tentative Map 1 copy (Major Subd)					cation Request Justification			
	☐ Tentative Map/Plot Plan Checklist (complete &				Military Training Route (see County				
╙	return with application)	complete &			Parking Plan	, ,			
$ _{\Box}$	Floor Plan				Plan of Operati	on			
					Rural Land Division Analysis		$\overline{\Box}$		
	☐ Division of Environmental Health Questionnaire					(Geologic/Soils Report)	_		
	On-site sewage testing (if applicable	∍)		_		,			
	On-site water information (if applica	b l e)				lan, including engineered cos			
	Solar design information			_		mpleting reclamation			
	Chain of Title					elling Unit Fact Sheet	□		
	Grant Deed		_	Ш	Variance Requ		□		
	☐ Current ☐ Creation Preliminary Title Report (prepared v	vithin the	Ш		Vested Right D	ocumentation/Evidence			
	last six months prior to application)	vitiliii tiie	П		Other		—п I		
	таки од траници,			П	Other				
				ш					
					Other				
							□		
FOR INTERNAL USE									
\Box	Ag. Preserve Contract	☐ General	☐ General Plan Amendn			Reclamation Plan			
I	Certificate of Compliance	☐ General Plan Petition			☐ Surface Mining Permit				
	•					_	Diaht		
	☐ Administrative		ormation Request			Surface Mining Vested Determination	Night		
						☐ Timber Harvest Plan Information			
	Design Review	☐ Lot Line	Adjust	men	t	Request			
Ιп	☐ Inland Coastal	☐ Prelimina	ary Pro	oject	Review	☐ Use Permit			
_	Determination of Legal Status	☐ Special I				H.C.C. §			
	Determination of Substantial		iinistra ning C	ative Commission	nission	☐ Variance			
╵	Conformance		C. §_			H.C.C. §			
lп	Extension of	☐ Subdivis				Zone Reclassification			
_	Fire Safe Exception Request	☐ Parc ☐ Fina)		Other			
	The date Exception Request	_		~ C.	ممنون بزام ما	Other			
		Exception Requirer		ie St	ibaivision				
	F (1 D) 1 D					5			
	olication Received By: neral Plan Designation:			Dai	e:	Receipt Number:	\		
Pla	n Document:								
Lar	nd Use Density:								
	ne Designation: astal Jurisdiction Appeal Status:	П	l Ann	ealal	ole \square	Not Appealable			
	Coastal Jurisdiction Appeal Status:								
☐ Environmental Review Required									
☐ Categorically Exempt From Environmental Review: Class Section ☐ Statutory Exemption: Class Section									
☐ Not a Project									
	Other								