PLN No: _____

APPLICATION FOR CLUSTER COMBINING DISTRICT

KERN COUNTY PLANNING AND NATURAL RESOURCES DEPARTMENT
2700 "M" Street, Suite 100
Bakersfield, CA 93301
(661) 862-8600

SECTION A - APPLICANT

1. Name of Applicant (if not an individual, use corporate or firm name):

_____

Mailing Address (include Zip Code): _____

Telephone: _____ Email: _____

2. Name of Individual Representative (if not same as above):

_____

Mailing Address (include Zip Code): _____

Telephone: _____ Email: _____

SECTION B - PROPERTY OWNER(S)

1. Name of Current Record Property Owner(s):

_____

Mailing Address (include Zip Code): _____

Telephone: _____ Email: _____

2. Approximate Date Interest in Property Was Acquired: _____

Month/Year

SECTION C - PROJECT LOCATION/DESCRIPTION

1. Street Address of Site (if available): _____

_____

2. Complete and Accurate Site Legal Description: _____

_____

_____

_____

_____

3. Assessor's Parcel Number(s): _____

4. Square Footage or Acreage of Site: _____

5. Exact Description of the Proposed Project, including an explanation of proposed deviations from the regulations otherwise applicable to the property (attach additional sheets, if necessary): _____

6. Phasing or Development Schedule: _____

7. Proposed Number of Dwelling Units Per Acre: _____

8. Proposed Method of Ownership and Maintenance of Commonly Held Open Space (if any): _____

9. Features of the Proposed Project That Will Demonstrate Its Superiority to Development That Could Occur Under the Base District Regulations Applicable to the Property (in making this determination, the following factors shall be considered: (a) provision of open space; (b) overall enhancement of the community environment; and (c) compatibility with uses in the area): _____

SECTION D - APPLICANT CERTIFICATION

I hereby certify to the County of Kern that I, _____, am the applicant for this request and that I understand the required development standards in the Cluster Combining District. I understand that fees submitted are application filing fees and are nonrefundable. The attachments to and the information provided on this application are true and correct. I agree to comply with all County ordinances and State laws relating to building construction.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Property Owner of Record Date

SECTION E - INDEMNIFICATION AGREEMENT

In consideration by the County of Kern of a permit for a land use approval project located at

_____,
(address or general location)

I/We (identified below) agree to indemnify, defend, and hold harmless the County of Kern and its officers, agents, employees, departments, commissioners and boards ("County" herein) against any and all liability, claims, actions, causes of action or demands whatsoever against them, or any of them, before administrative or judicial tribunals of any kind whatsoever, in any way arising from, the Applicant's representations contained within this application, including without limitation any CEQA determination or any related development approvals or conditions, whether imposed by County or not, except for County's sole active negligence or willful misconduct.

This indemnification agreement does not prevent the Applicant or property owner from challenging any decision by County related to this project and the obligations of this condition apply regardless of whether any other permits or entitlements are issued.

County will promptly notify Applicant and property owner (if different than Applicant) of any such claim, action, or proceeding, falling under this condition within thirty days of actually receiving such claim. County, in its sole discretion, shall be allowed to choose the attorney or outside law firm to defend County at the sole cost and expense of the Applicant and/or property owner, jointly and severally, and County is not obligated to use any law firm or attorney chosen by another entity or party.

Applicant/Contact:

_____
Print Name

_____
Signature

_____
Date

(If the applicant is not an individual, the corporation name goes under "Print Name", authorized signature below it, and complete below.)

By: _____
Print Name

Title: _____

IMPORTANT NOTE:

Original signatures of the applicant are required on this form for this application to be considered complete for processing.

OFFICE USE ONLY

Application No.: _____ Date Filed: _____

Zone Map No.: _____ Receipt No.: _____

Existing Site Zoning: _____ Received By: _____

Flood Hazard Study Required: _____ Yes _____ No

Approved: _____ Date: _____

Denied: _____ Date: _____