

APPLICATION FOR WIND GENERATOR PLOT PLAN REVIEW

**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. Site Location: _____
2. Section(s): _____ Township(s): _____ Range(s): _____
3. Assessor's Parcel Number(s): _____
4. Access Location: _____
5. Number of turbines: _____
6. County Franchise Required? Yes _____ No _____ County Franchise Received? Yes _____ No _____

**PLEASE INCLUDE 2 COPIES OF A DETAILED PLOT PLAN (24" x 36") PER REQUIREMENT
of the Kern County Zoning Ordinance, SECTION 19.64.130 through SECTION 19.64.150**

OFFICE USE ONLY

Date Accepted: _____ **Receipt Number:** _____

Planner: _____ **EIR?:** _____

WE Zone Change Number(s): _____

1. Building Permit No: _____ 2. Zoning: _____ 3. ZCC No. _____
4. Mitigation Measures Attached to Plans: _____ Yes _____ No
5. Reports Required by Environmental Document Attached:
- a. _____ Yes _____ No
- b. _____ Yes _____ No
- c. _____ Yes _____ No
6. Site Contains Parcel Map Violations: _____ Yes _____ No
7. Site Contains Zoning Violations: _____ Yes _____ No
8. Machine Height: _____ 1 1/2 times: _____
9. Adjacent Parcels Exist:
- a. Less Than 40 Acres Not Zoned WE (4 times or 500 feet): _____ Yes _____ No
- (1) In Violation: _____ Yes _____ No
- (2) Parent Parcel Size: _____
- (3) Setback Waiver Requested: _____ Yes _____ No
10. Setback Compliance:
- a. From Parcels of Equal to or Greater Than 40 Acres (1 1/2 times): _____ Yes _____ No
- (1) Setback Waiver Requested: _____ Yes _____ No
- b. From Off-site Residences (4 times or 1,000 feet): _____ Yes _____ No
- c. From On-site Residence (1 1/2 times): _____ Yes _____ No
- d. From Public Roads/Easements (1 1/2 times): _____ Yes _____ No
11. Setback Required by Base Zone (section/midsection): _____ Yes _____ No
- a. Setback Deviation Study Approved on: _____
12. Erosion Control/Revegetation Plan Required: _____ Yes _____ No
- a. Date of Approval by Drainage _____
- b. Date of Approval by SCS: _____
- c. Revegetation Due by: _____
- d. Bond Posted on: _____
13. Acoustical Analysis Required: _____ Yes _____ No
- a. Date of Approval of Acoustical Report by KCHD: _____
- b. Mitigation Measures Included in Zoning Approval: _____ Yes _____ No
14. Machine Classification: _____ Production _____ Prototype _____ Experimental
15. Interference Exists With a Known Beam Path: _____ Yes _____ No

PLOT PLAN CHECKLIST

_____ Fencing	_____ Distances to All Residences within One Mile
_____ Topography	_____ Reports Required by Environmental Document
_____ Fuel Breaks	_____ Prevailing Wind Direction
_____ Accessory Structures	_____ Machine Classification, Height, KW., R.P.M.
_____ Roads/Easements	_____ Location of Archaeological Remains
_____ Survey Certificate	_____ As-graded Certificate

Received By: _____

Date Received: _____

Receipt No: _____

Compliance Sent: _____

Compliance Sent: _____

Compliance Sent: _____

Compliance Sent: _____

Approved By: _____

Date Approved: _____
