

**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**

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**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: \_\_\_\_\_

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**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

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**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 \_\_\_

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**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**

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**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

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**PLOT PLAN CHECKLIST**

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|----------------------------|---|
| _____ 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                       |

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Received By: _____	Date Received: _____
Receipt No: _____	
Compliance Sent: _____	Compliance Sent: _____
Compliance Sent: _____	Compliance Sent: _____
Approved By: _____	Date Approved: _____

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