

APPLICATION FOR:

_____ Determination of Similar Use	_____ Kern River Permit Prelim Review
_____ Extension of Time	_____ Special Planning District Plan Review
_____ Expand Legal Non-Conf Use Prelim Review	_____ DMV Permit Renewal
_____ Surface Mine Administration	_____ DMV Permit Review - New
_____ Surface Mine- Interim Mgmt. Plan Review	_____ Legal, Non-conforming status review
_____ Surface Mine - Minor Plan Modification	

KERN COUNTY PLANNING AND NATURAL RESOURCES DEPARTMENT

**2700 "M" Street, Suite 100
Bakersfield, California 93301
(661) 862-8600**

Zone Classification: _____

Request: _____

SECTION A - APPLICANT

1. Name of Applicant: _____
Mailing Address _____
City _____ State _____ Zip Code _____
Telephone: _____ Fax: _____ Email _____
 2. Name of Individual Representative (if not same as above):

Mailing Address _____
City _____ State _____ Zip Code _____
Telephone: _____ Fax: _____ Email _____
-
-

SECTION B - PROPERTY OWNER(S)

1. Name of Current Record Property Owner(s) (if not same as above):

Mailing Address _____
City _____ State _____ Zip Code _____
Telephone: _____ Fax: _____ Email _____
2. Approximate Date Interest in Property Was Acquired: _____
Month/Year

SECTION C – PROJECT DESCRIPTION

Assessor's Parcel No.: _____

Property Location: _____
(street address or general location)

Complete Legal Description of Property: _____

Method of Sewage Disposal _____

Method of Water Supply _____

Describe how site is currently developed _____

Describe how land is being used currently on parcels adjacent to the site:

North - _____

East - _____

South - _____

West - _____

Explain Fully Reason for Request: _____

SECTION D – OPERATION STATEMENT
(Attach necessary documents)

SECTION F – APPLICANT CERTIFICATION

I certify that all statements are correct and that all accompanying documents and maps are accurate.

Signature of Property Owner Date

Signature of Applicant Date

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IMPORTANT NOTE:

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

FOR OFFICE USE ONLY

Date Accepted: _____

Received By: _____

FEES

Case # _____

Map # _____ S.D. # _____

Case \$ _____

Floodplain _____

Zoning Ord. Sec. _____

Env'l _____

G.P/S.P. _____

Other _____

Element or Name

_____ Consistent _____ Not Consistent

Reviewed By: _____

Other _____

Work Order # _____

ENVIRONMENTAL DATA

Total \$ _____

General Rule _____ Assessment Form _____

Exempt (Type and Section) _____

Recpt # _____

Reviewed By: _____