



SUTTER COUNTY

DEVELOPMENT SERVICES DEPARTMENT

Building Inspection
Code Enforcement

Engineering/Water Resources
Environmental Health

Planning
Road Maintenance

Uniform Application - Minor Entitlements

- Certificate of Compliance
 Lot Line Adjustment*
 Gas & Oil Well Drilling & Production
 Parcel Merger
 Zoning Clearance*
 Industrial Hemp Processing License
 (*Sewage and Water form required for Lot Line Adjustment and certain Zoning Clearance only)

Other _____

OFFICE USE ONLY	
Application No.:	Date Filed:
Receipt No.:	
Other Related Applications:	

(PLEASE TYPE OR PRINT INFORMATION)

Applicant*:	
Address of Applicant:	
Phone No.:	Email:

Property Owner:	
Address of Property Owner:	
Phone No.:	Email:

Engineer/Architect:	
Address of Engineer/Architect	
Phone No.:	Email:

Assessor's Parcel Number:	
Site Address:	
Area of Property (Acres or Square Feet):	
Existing Zoning of Property:	
General Plan Designation of Property:	
Describe Project Request:	

*The applicant will be considered the primary point for all correspondence and contact from Sutter County unless other arrangements are made in writing.

Signature of Applicant Date

Signature of Property Owner Date

Fees

Certificate of Compliance

<input type="checkbox"/> Filing Fee	At Cost Deposit	\$1,100.00
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Gas & Oil Well Drilling & Production

<input type="checkbox"/> Filing Fee	Fixed Rate	\$1,500.00
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Lot Line Adjustment – Filing Fees*

<input type="checkbox"/> Subdivided Land	Fixed Rate	\$748.00
<input type="checkbox"/> Not Subdivided Land	Fixed Rate	\$1,122.00
<input type="checkbox"/> Environmental Health Division	Fixed Rate	\$302.00
<input type="checkbox"/> Engineering Division/County Surveyor	Fixed Rate	\$556.00

Parcel Merger

<input type="checkbox"/> Filing Fee	Fixed Rate	\$300.00
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Zoning Clearance

<input type="checkbox"/> Filing Fee	Fixed Rate	\$561.00
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Industrial Hemp Processing License

<input type="checkbox"/> Filing Fee	Fixed Rate	\$500.00
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*Attach an accurate plot plan which is drawn according to the "Sutter County Plot Plan Requirement" sheet and which shows existing and proposed lot line changes. The plot plan is "Exhibit B".

- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

Total Fees.....\$ _____

Lot Line Adjustment

I/We hereby apply for the lot line adjustment shown on the drawing attached hereto and marked "Exhibit B" and certify that I/we am/are the owner(s) of said property. I/We acknowledge that the lot line adjustment proposed will not be final until the adjustment documents accumulating or reducing the property as requested are recorded.

Applicant #1
Signature:
Print Name:
Print Address:
AP No(s):
Phone No:
City, State, Zip:

Applicant #2 (if applicable)
Signature:
Print Name:
Print Address:
AP No(s):
Phone No:
City, State, Zip:

Applicant #3 (if applicable)
Signature:
Print Name:
Print Address:
AP No(s):
Phone No:
City, State, Zip:

Applicant #4 (if applicable)
Signature:
Print Name:
Print Address:
AP No(s):
Phone No:
City, State, Zip:

The applicant shall submit the following to the Development Services Department for all lot line adjustments:

1. A completed "Lot Line Adjustment Application" form signed by all property owners.
2. Submittal of the appropriate filing fee.
3. One copy of a map, drawn to an engineer's scale, showing the proposed adjustment before and

after the change and the location of all existing structures, wells septic tanks, leach lines, utilities and other improvements.

4. One copy of the proposed property descriptions of the subject properties as they will exist after the lot line adjustment. The descriptions must be prepared by a qualified individual and contain that person's State registrations seal. Additionally, the description shall contain a statement acknowledging the number of the lot line adjustment and acknowledging the combination or reduction of any lots or portions of lots previously created by subdivision or parcel map.
5. One copy of the deed description of the subject properties as they exist before the lot line adjustment. *

*All applications for lot line adjustment requesting more parcels than noted on the current deed description(s) shall provide sufficient historical documentation in the form of recorded maps, deed and/or land patents to determine the number of parcels involved in the application. Generally, this will require that the applicant provide a title history showing that the parcel existed as a separate legal parcel prior to March 22, 1965. Such history should include copies of the instruments originally creating the existing parcels, copies of the last conveyances of the properties before 1965, and copies of the most recent conveyances of the properties.

6. Prior to approving a lot line adjustment application, please submit receipts demonstrating the in-lieu process has been completed with the Assessor's Office.

Note: Any approval of a lot line adjustment will be subject to the following conditions, plus any other appropriate condition which should be applied:

1. No new parcels or building sites shall be created as a result of this lot line adjustment.
2. Any deeds of trust shall be adjusted commensurate with the new property description.
3. The adjustment is not final until the descriptions accumulating and reducing the parcels affected are recorded with an acknowledgment that prior parcel lines are eliminated by this action.
4. Deeds containing the lot line adjustment descriptions must be recorded within two years of the action date or the approval is voided and may not be recorded.

Parcel Merger

List all property owners as shown on current deed and show office or title, if appropriate:

How is the property owned?

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Individually (one owner) | <input type="checkbox"/> Trust | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Jointly (multiple owners) | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Other _____ | | |

Attach notarized "Consent to Merger" signed by all property owners.

The applicant shall submit the following to the Development Services Department for all lot mergers:

1. A completed "Application for Lot Merger" form.
2. The adopted filing fees.
3. A Certificate of Merger signed and notarized by all parties having a record title interest in the subject property consenting to the merger.
4. A legible map drawn in ink or a "blue-line" print or, upon prior approval of the Development Services Department, an Assessor's Parcel Map showing the parcels to be merged. The map shall show the subject property as it currently exists and as it would exist after the merger. If required by the Development Services Department the map shall show its scale, the gross and net area of the merged parcels, access to the property and nearby or adjacent streets, or roads name and right-of way location, the location and use of all improvements and structures on the property, the distance from the improvements and structures to the proposed parcel boundaries, the distance between structures, and all existing utilities and easements.
5. A clear copy of the current descriptions of the subject properties.
6. A copy of the most recent recorded deed or deeds of the property showing the current ownership of the subject property.

7. A description of the proposed merged parcel as it would exist after the merger. The description shall be prepared, signed and sealed by a licensed land surveyor or other person licensed to prepare said descriptions unless the descriptions are from previously recorded documents.
8. A property log report prepared within the last six months, if required by the Development Services Department.
9. Prior to approving a merger application, please submit receipts demonstrating the in-lieu process has been completed with the Assessor's Office.
10. Such additional information and/or documents as may be determined to be necessary by the Development Services Department in order to determine ownership of

Note: Upon approval of the parcel merger, the Development Services Department will complete and record the Certificate of Merger.

Owner's Consent to Merger

THE UNDERSIGNED, as owners of all that real property to be merged, do hereby consent and agree to the merger of such lands into that/those parcel(s) as described in Exhibit(s) _____, attached hereto.

ALL SIGNATURES MUST BE NOTARIZED:

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

Parcel Merger Description
Wording Examples

The following descriptions are examples that were taken from previous lot line adjustments. Their language has been modified in order that they may be used as examples for parcel mergers.

Exhibit 1

All that real property situated in the County of Sutter, State of California, merged together into one parcel under Sutter County Parcel Merger _____, and described below as follows:

Lots 2 and 29 of Block 5, as shown on that certain map entitled, "Map of Sutter City", filed in the office of the County Recorder of the County of Sutter, State of California on December 14, 1887 in Book "S" of Deeds, page 598.

Exhibit 2

Lots 2, 3, 4, 5, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 35, 37, 34, 45, 46, 59, 60, 65, 66, and 74, as shown on that certain map entitled, "Map of Sutter Basin Subdivision No. 2" filed in the office of the County Recorder of Sutter County, California, on January 4, 1921 in Book 3 of Surveys, Page 57.

The above parcels are merged together into on parcel under Sutter County Parcel Merger _____.

Certificate of Compliance

Briefly explain why a Certificate of Compliance is justifiable (use additional pages if necessary):

If other parties are to be notified of the status of this application, print their names, addresses and telephone numbers below:

<u>Name</u>	<u>Address</u>	<u>City/Zip</u>	<u>Telephone</u>

Gas and Oil Well Drilling and Production

Well Name: _____(Attach plan & map)

Project Sponsor:

Surface Owner:

Name

Name

Address

Address

City/State/Zip

City/State/Zip

Contact Person (Phone No.)

Contact Person (Phone No.)

The undersigned hereby certifies that the attached information is accurate and that the following conditions as specified by Section 1500-8018(h) of the Sutter County Zoning Code shall be met in completion of this project and that failure to comply with said conditions may be punishable by fine and/or imprisonment:

1. The well location is at least 500 feet from any existing residence and is not on lands controlled by any State or Federal Agency.
2. The location of the well, access road, pipelines and other appurtenances have been coordinated with the surface rights operator, manager or tenant as well as the owner of the surface rights to the property to be used as a well site.
3. All facilities except those required for well operation and maintenance will be removed and the site restored to its original condition within ninety (90) days of completion of the drilling process or as otherwise arranged with the surface owner.
4. The applicant or the applicant's agent shall notify the Sutter county Development Services Department of completion or abandonment of the well within ten (10) days of the cessation of drilling operations.
5. All local and State regulations shall be observed including but not limited to requirements of the Sutter County Environmental Health Program and the California Division of Oil and Gas for onsite sanitary facilities and waste disposal, the Sutter County Department of Services - Public Works Division for all necessary encroachment permits to make driveway connections to County roads and the California Division of Oil and Gas for all necessary permits.

The undersigned further acknowledges that the Gas and Oil Well Zoning Clearance issued pursuant to this application shall become null and void without further action if no drilling has commenced within one (1) year of issuance or the date of appeal determination, if any.

Signature
(Sponsor's Authorized Agent)

Print Name

Date

I have reviewed the project and have no objection to the issuance of a Zoning Clearance.

SIGNATURE
(Surface Property Owner)

DATE

SIGNATURE
(Manager or Tenant)

DATE

Indemnification Agreement
For Gas and Oil Well Drilling and Production Only

This Indemnification Agreement (“Agreement”) is entered into by the applicant for the project described below (“Applicant”) and the owner or owners of the property that is the subject of such application (“Property Owner”). This Agreement is effective as of the date last signed below.

Applicant and Property Owner agree to indemnify, defend, and hold harmless Sutter County (“County”), the Sutter County Planning commission, the Sutter County Board of Supervisors, and their officers, employees, and agents, including consultants (“Indemnified Parties”) from any claim, action, or proceeding against Indemnified Parties attack, set aside, void, or annul the approval of the Project or adoption of the environmental document that accompanies it. This indemnification obligation shall include, but not limited to, damages, costs, expenses, attorneys’ fees, or expert witness cost that may be asserted by any person or entity, including the Applicant and Property Owner, arising out of or in connection with the approval or the Project, including any claim for private attorney general fees claimed by or awarded to any party against the County.

The County shall promptly notify the Applicant of any claim, action, or proceeding. The County shall control the choice of counsel and defense of any such claim, action, or proceeding.

To the extent that County is required by Applicant to use any of its resources to respond to such claim, action, or proceeding, Applicant will reimburse County upon demand and upon presentation of an invoice describing the work done, the time spent on such work, and the hourly rate for such work by the employee or agent of County.

The person signing this Agreement represents and warrants that he or she is duly authorized and has legal capacity to execute and deliver this Agreement and that this Agreement is valid and legal agreement binding on the Applicant and enforceable in accordance with its terms.

PROJECT:

Project Number: _____
Sutter County APN: _____

APPLICANT:

Signed: _____
Name or Person Signing: _____
Title: _____
Name of Project Applicant: _____

PROPERTY OWNER:

Signed: _____
Name: _____

SAW FORM
(Sewage and Water Form)

Applicant _____
 Address _____
 Phone No. _____ AP No(s). _____
 Project Location _____
 Engineer _____ Phone No. _____
 Address _____

Applications shall include the following signed statement from the Environmental Health Program verifying they have received sufficient information to fully evaluate the proposed project. The SAW form shall be used for all applications regardless of the type of sewer and water supply and will be required as part of an application packet submitted. Applications will be considered to be **INCOMPLETE** without this form.

The Environmental Health Program will check the appropriate spaces below when they have received wastewater disposal and water supply information which is adequate for their review of the application. **Checks do not in any way indicate approval or denial of a proposal** and a handout provided by the Environmental Health Program will explain what information will be required in order to check the spaces below. If you have any questions regarding this form and/or its purposes in the application packet, feel free to contact the Environmental Health Program at (530) 822-7400.

FOR OFFICE USE ONLY	
Description of the proposed project: 	
WASTEWATER DISPOSAL:	
State Permitted Public Sewer:	
<input type="checkbox"/> N/A	<input type="checkbox"/> Public Sewer
<input type="checkbox"/> Conventional	<input type="checkbox"/> Pressure Dosed
Homesite Parcel Size Waiver	
<input type="checkbox"/> STEP	<input type="checkbox"/> On-site
County Permitted On-Site System:	
<input type="checkbox"/> Mound	<input type="checkbox"/> Other
WATER SUPPLY:	
State Permitted Public Water System:	
<input type="checkbox"/> N/A	<input type="checkbox"/> Public Water System
<input type="checkbox"/> State Small Water System	<input type="checkbox"/> Cal Code Water System
<input type="checkbox"/> Yuba City	<input type="checkbox"/> Hillcrest
County Permitted Water System:	
Other: _____	
Additional Comments: _____	

Environmental Health Program Signature	Date

Jan. 1, 2011