

# APPLICANT IS TO KEEP THIS PAGE

## REZONE APPLICATION INFORMATION

PLEASE READ CAREFULLY - ANSWER ALL QUESTIONS BEFORE SIGNING AND FILING.

A filing fee of \$\_\_\_\_\_ is required to process this application. Please make checks or money orders payable to **HUMBOLDT COUNTY**.

1. The completed application, required fee(s), together with map(s) and any additional information must be submitted to the Humboldt County Planning Department Office at least **fifteen (15) working days prior** to the scheduled meeting. A meeting date schedule is provided with the application form(s).
2. A copy of the application and map(s) will be sent to various City/ County/ State and outside agencies for their review and comments. The staff report will be prepared based upon the information provided in the application and from agency comments. A letter and a copy of the staff report will be mailed to the applicant and/or agent prior to the scheduled meeting.
3. All property owners within three hundred (300) feet of the boundaries of the subject property will be notified by mail within ten (10) days prior to the meeting. The meeting will be an advertised public hearing at which time the applicant and all other interested parties will have an opportunity to be heard.
4. The application shall be heard as an agenda item on a regularly scheduled Regional Planning Commission meeting. At the public meeting, the Commissioners will recommend the application for approval or denial to the governing body. The RPC, however, may decide to table a request for more information or to make a site inspection, If necessary, in order to make a decision.
5. After the vote, the application will be forwarded to the governing body to be set for public hearing. The public hearing will be scheduled and the planning staff will notify the applicant of the date and time. At this time, the applicant and/or the public has an opportunity to persuade the governing body to uphold or reverse the RPC recommendation.

**Note:** In the event a zone change is denied by the County Commission, an applicant may not institute a new application on the same project within a period of less than twelve months from the date of action by the Commission on the original application, unless it is determined that the original decision was based on an error, lack of information or misrepresentation of the facts, or that there has been a substantial change in the project.

APPLICATION FOR REZONING

**Note:** The applicant is responsible for the accuracy of the information provided. Please fill in all the spaces. If an item does not apply, please put **N/A** (not applicable) on the line. Include the parcel number and/or the address of the property. Please provide a clear, legible, location map and a copy of the Assessor's Parcel map of the property with this application, if available. **PLEASE USE BLACK INK.**

9 City of Winnemucca      9 Humboldt County

Applicant/Agent \_\_\_\_\_

Location/Address of Property \_\_\_\_\_

Assessor's Parcel # \_\_\_\_\_

Rezone said property from \_\_\_\_\_ to \_\_\_\_\_

**Note:** If more than one zone change is being requested, describe each parcel separately and indicate the zone requested for each.

Record Owner of Property: (a signed, notarized Affidavit of Ownership is required)

Name of Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

FOR DEPARTMENT USE	
Received By _____	Date Received _____
Application No. _____	Name _____

REQUIRED INFORMATION

The following information is required for this application. If the material is missing, Staff is authorized to return the application and take no further action until a complete application has been filed. (Enter N/A next to any item that does not apply - Use additional pages as necessary)

1. Reason for request: (Include any changes that have occurred in the area that would warrant granting this request.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Will the newly proposed zone change have any affect upon the existing developed land use pattern in the immediate area, specifically, will the zone change affect land use compatibility?

9 Yes                      9 No

If yes, please state how it will. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Will the proposed zone change adversely affect the public health, safety and general welfare?

9 Yes                      9 No

If yes, please state how it will. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Will the proposed zone change conflict with the adopted General Plan for the area?

9 Yes                      9 No

If yes, please state how it will. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BY MY SIGNATURE BELOW:**

- I consent to having the Planning Department Staff enter onto my property only for the sole purpose of inspecting said property as a part of this application process.
  
- I object to having the Planning Department Staff enter onto my property as a part of their review of this application. (Your objection will not effect the recommendation made by the Staff or the final determination made by the Regional Planning Commission, City Council or County Commission).
  
- I acknowledge that submission of the application does not imply approval of this request by the Planning Department, the Regional Planning Commission, the County Commissioners or the City Council; nor does it in and of itself guarantee issuance of any other required permits and licenses.
  
- I acknowledge that this application may be tabled until a later meeting If either I or my designated representative or agent are not present at the meeting for which this application is scheduled.
  
- I have carefully read and completed all questions contained within this application to the best of my ability.**

Applicant/Agent \_\_\_\_\_  
(Please print or type)

Mailing Address \_\_\_\_\_  
Street or P.O. Box  
\_\_\_\_\_  
City, State, Zip Code  
Phone \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

OWNER'S AFFIDAVIT

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_ being duly sworn, depose and state that I am the owner of the property herein described in the application, and that I consent to the filing of this petition.

Signed \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that s/he executed the same.

\_\_\_\_\_  
Notary Public in and for said County and State