



**MODOC COUNTY PLANNING  
DEPARTMENT**  
203 WEST 4TH STREET  
ALTURAS, CALIFORNIA 96101  
(530) 233-6406  
(530) 233-6420 Fax

Planning Commissioners  
Jim Hays, Chairman  
Jim Laacke, Vice Chairman  
Nancy Huffman  
June Roberts  
Dina McElwain

Planning Staff  
Kim Hunter, Director  
Cameron Channell, Assoc. Planner  
Melissa Carnahan, Admin. Assistant

**PLANNING APPLICATION**

Applicant	Mailing Address	City	Zip Code	Day Phone
Representative, if any	Mailing Address	City	Zip Code	Day Phone
Property Owner	Mailing Address	City	Zip Code	Day Phone
Correspondence sent to: <input type="checkbox"/> Applicant <input type="checkbox"/> Representative <input type="checkbox"/> Owner				
Project Address		Assessor's Parcel Number(s)		E-mail Contact
Existing Land Use	Site Acreage	Zoning	General Plan	
Applicant/Representative: I have reviewed the application and the attached material. The provided information is accurate.		Property Owner/Authorized Agent: I have read this application and consent to its filing.		
Signed: _____ Date: _____		Signed: _____ Date: _____		

T Y P E	<input type="checkbox"/> Administrative Use Permit	<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Variance
	<input type="checkbox"/> Use Permit	<input type="checkbox"/> Rezone	<input type="checkbox"/> Time Extension
O F F I C E	<input type="checkbox"/> Parcel Map	<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Appeal
	<input type="checkbox"/> Tentative Subdivision Map	<input type="checkbox"/> Parcel Merger	<input type="checkbox"/> Amendment
U S E	<input type="checkbox"/> Final Subdivision Map	<input type="checkbox"/> Certificate of Compliance	<input type="checkbox"/> Environmental Review (CEQA)
	Application Number(s)	Received By	Date Received
	Date Complete	Staff Assigned	<input type="checkbox"/> Well <input type="checkbox"/> Community Water
	Fees Received, Receipt No	Prior Applications This Site	
			<input type="checkbox"/> Septic Permit No. _____ <input type="checkbox"/> Community Sewer

NOTES:

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