



**EAST LINDA SPECIFIC PLAN OR  
OLIVEHURST AVE SPECIFIC PLAN  
DESIGN REVIEW**

APPLICATION TYPE	FLAT FEE
Individual Design Review Permit	\$1,350
Master Design Review Permit (Shopping Centers, Complexes & Master Plans)	\$2,500
GIS/GPU/ZO Maintenance Fee	\$120

**Design Review Application Submittal Checklist**  
Revised 7/2011

- **1. Drawings** (3 sets drawn to scale and dimensioned)
  - Site/Floor Plan for all buildings
  - Preliminary Landscape Plan - Typical (include plant list)
  - Preliminary Elevations of all views of building exterior (perspective renderings may substitute for given elevation.)
  - Typical Sections of Walls and Fences
  - One Reduced size copy of plans 11 in. x 17 in preferred
  
- **2. Application Form** (see attached)
  
- **3. Sample Materials, Color Board, and Color Elevations**
  
- **4. Application Fee** (payable to County of Yuba)



Case Number: DRC \_\_\_\_\_

**EAST LINDA SPECIFIC PLAN OR OLIVEHURST AVENUE SPECIFIC PLAN DESIGN REVIEW APPLICATION**

This application is for projects within the East Linda/Olivehurst Ave. Specific Plan.  
File in Person to: County of Yuba Community Development & Services Agency  
Planning Department  
915 8th Street, Suite 123  
Marysville, CA 95901  
(530) 749-5470

**NOTE: APPLICATIONS THAT ARE NOT COMPLETELY FILLED OUT AND WHICH DO NOT HAVE ALL THE REQUIRED SUBMITTALS WILL NOT BE ACCEPTED FOR FILING. STAFF'S ACCEPTANCE OF THE APPLICATION OR DEEMING THE APPLICATION COMPLETE DOES NOT IMPLY THAT STAFF WILL RECOMMEND APPROVAL \_\_\_\_\_ (INITIAL) OR THAT YOU WILL RECEIVE APPROVAL FROM THE HEARING BODY.**

**1. Applicant/Owner Information:**

Project Name: _____	
Project Location: _____	
Related Case Numbers: _____	
Applicant: _____ Name/Company	
Address: _____ Street	City/State/Zip
Phone: _____ (Cell): _____	E-mail: _____
Property Owner (if different from applicant): _____ Name/company	
Address: _____ Street	City/State/Zip
Phone: _____	Cell: _____

**2. Engineer/Architect Information:**

Engineer: _____ Name/company	
Address: _____ Street	City/State/Zip
Phone: _____	Cell: _____
Architect: _____ Name/company	
Address: _____ Street	City/State/Zip
Phone: _____	Cell: _____

**3. Address and Location of Project:**

\_\_\_\_\_

**4. Assessor's Parcels Number(s):** \_\_\_\_\_

\_\_\_\_\_

**5. Statement of design rationale or concept:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Approximate square footage of each model/unit/building:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Description of materials and colors to be used:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Description of signage dimensions, type(s), colors, materials, etc:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# Community Development & Services Agency

915 8th Street, Suite 125, Marysville, CA 95901

Phone: (530) 749-5430 Fax: (530) 749-5424

Web: http://: www.co.yuba.ca.us

## Agreement to Pay Form for Project #: \_\_\_\_\_

### RECITALS

The costs to provide specific project related services are billed to the applicant at an hourly rate pursuant to the Yuba County Ordinance Code Chapter 13. As listed in the fee schedule of Chapter 13, the fees for services that have an applicable hourly rate have the word "deposit" beside the fee amount. This initial deposit amount and an original completed Agreement to Pay Form must be submitted to the Community Development and Services Agency (CDSA) in order for services to begin and be assessed at the specified hourly rate. The herein fees are intended to compensate CDSA for staff time and/or consultant time spent on the applicant's project.

Any person acting on behalf of the property owner for the work referenced below shall be requested to present documentation evidencing that they are the owner's representatives. This may include Power of Attorney, a notarized statement from the property owner or a copy of a contractual arrangement.

### TERMS OF AGREEMENT

I/We understand that Yuba County Ordinance Code Chapter 13 requires a deposit for services and CDSA will bill as services are rendered against that deposit. I/We agree to pay any required additional deposit(s) to maintain a positive deposit balance. I/We understand that all services by CDSA will cease for this project if the deposit is depleted to zero balance and a request for an additional deposit payment has not been fulfilled by the applicant within 30 days of the request. I/We further understand that until CDSA receives written notification of a change in the information provided below, I/We am/are responsible for payment for all services performed by CDSA. I/We understand that upon completion of the project any unused portion of the deposit will be returned to the applicant at the billing address on file or to any written change of address on file with CDSA.

In the event there is an outstanding balance due for the project and the request for payment is 90 days or more past due, I/We agree to allow and hereby consent to the delinquent payment amount being made by the Yuba County Board of Supervisors for placement of a lien on the property equal to the past due amount plus additional penalties as described in Yuba County Ordinance Code Chapter 13.

SITE INFORMATION	BILLING INFORMATION
APN:	Project Name:
Property Owner/Business Name:	Applicant:
Address:	Address:
Telephone:	Telephone:

*I declare under penalty of perjury under the laws of the State of California that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning CDSA Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment and failure to pay could result in a judgment or other lien being placed on the above referenced property. I further agree to advise CDSA in writing should I no longer be associated with the above referenced project/property and identify the new responsible party.*

Signature \_\_\_\_\_ Dated: \_\_\_\_\_ CDL# \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone # \_\_\_\_\_