



Case Number: RA_____

REVERSION TO ACREAGE PARCEL MAP
INSTRUCTIONS FOR FILING

Chapter 11.15

This application (**plus two copies of the completed application**), and all necessary submittal requirements must be properly completed and have original signatures of the applicant(s) and property owner(s). **All fees and application materials must be received at the time of filing.**

FILING FEE SCHEDULE

Revised 7/2011

APPLICATION TYPE	FLAT FEE	DEPOSIT
Reversion to Acreage		
Planning Fee	\$750.00	----
GIS/GPU/ZO Maintenance Fee	\$120.00	----
Hearing Publication/preparation (per hearing)	\$250.00	----
Notice of Exemption	\$150.00	----
Environmental Health Fee	-----	\$131/hr
Public Works Fee	\$315.00	----
<i>Total Initial Submittal \$1,716*</i>		

SUBMITTAL REQUIREMENTS

1. One (1) copy of the map sheet 11" x 17" and six (6) copies of the map, sheets 18" x 26" and folded to a size of no greater than 7" x 10" prior to acceptance. The map must be drawn to scale and clearly indicate all dimensions and pertinent information including the following:
 - a) Name and address of owner of record of all parcels and engineer/surveyor who prepared map.
 - b) Date of preparation.
 - c) Current Assessor's Parcel Number(s).
 - d) Lay-out, dimensions and acreage of existing lots and merged lot.
 - e) A scale and north arrow.
 - f) A location/vicinity map identifying the project site within an identifiable geographic area.
 - g) The location and dimensions of all existing building and structures including location from property lines.
 - h) The name, location, and width of all existing interior, abutting, and proposed streets and easements.
 - i) Location and nature of all utilities including septic tanks, leach fields, and community sewage systems and potable water sources in accordance with the requirements of the Yuba County Environmental Health Department.
 - j) Listing of adjacent recorded or known proposed land division, lot-line adjustments, or any other application for entitlement, which may or will affect or be affected by the subject application.
2. Statement on map regarding public road easements or public utilities easements to be abandoned.
3. One copy of the deeds for existing parcels and a Preliminary Title Report of Parcel Map Guarantee.
4. One copy of the Assessor's Parcel Map(s) with the subject site clearly identified.
5. Photographs of the site.
6. Soil studies if applicable (consult the Yuba County Environmental Health Department).
7. Other information as may be required to facilitate a comprehensive evaluation of the application by the Yuba County Staff Development Committee.
8. This application (**plus two copies of the completed application.**)
9. The **"Agreement to Pay"** form completed.



Case Number: RA_____

REVERSION TO ACREAGE APPLICATION

File in Person to: *Yuba County Community Development & Services Agency – Planning Department*
915 8th Street, Suite 123, Marysville, CA 95901
*(530) 749-5470 main * (530) 749-5434 fax*

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.

Contact Information:

Please check the appropriate box below.

BILL TO PROPERTY OWNER APPLICANT ENGINEER OTHER: (must submit contact information)

Applicant(s):

Name: _____

Address: _____

Street City/State/Zip
Phone: (Business) _____ (Home) _____ Email: _____

Property Owner(s):

Applicant(s):

Name: _____

Address: _____

Street City/State/Zip
Phone: (Business) _____ (Home) _____ Email: _____

2nd Property Owner(s):

Applicant(s):

Name: _____

Address: _____

Street City/State/Zip
Phone: (Business) _____ (Home) _____ Email: _____

Engineer/Surveyor:

Name: _____

Contact: _____

Address: _____

Street City/State/Zip
Phone: _____ (Fax) _____ Email: _____

APPLICANT'S/OWNER'S* DECLARATION UNDER PENALTY OF PERJURY

(Must be signed by the Applicant and the Property Owner)

I am (we are) the owner(s) of the property that is the subject of this application and I (we) have completed this application and all other documents and maps required herein, or have permitted the person(s) identified as the Applicant on Page 1 of this application to do so on my (our) behalf. Owner and/or Applicant hereby certify that the information and statements made herein are, in all respects, true and correct to the best of my (our) knowledge and belief.

I (we) also declare under penalty of perjury that the foregoing is true and correct as evidenced by my (our) signature(s) below.

Property Owner(s):

Print: _____ Signed: _____ Date: _____

Print: _____ Signed: _____ Date: _____

Applicant(s):

Print: _____ Signed: _____ Date: _____

*Note: If the owner or applicant is other than an individual(s), a copy of a Resolution from the corporation or partnership agreement authorizing this application must be attached hereto.

Project Description:

Address and Location of Project Site:

Assessor's Parcel Number(s): _____

Current Zoning of Property: _____

Size of Property (Acres/Square Feet): _____

Number and Size of Parcels to be Created _____

Current Use of Project Site: _____

Proposed Use of Project Site: _____

List other lands-by Assessor's Parcel Number-located within Yuba County and within (3) miles of the subject property in which the owner of the land subject property, or applicant, has or had an interest in: _____

Source and/or name of supplier, quality, and quantity of domestic water: _____

Method of sewage disposal and/or name of agency _____

Does the proposed project require a waiver?

Yes _____ No _____ (If "Yes," a written request and fourteen (14) extra copies of the tentative map must be submitted).

Additional information that may be helpful in evaluating this request

TO BE COMPLETED BY THE PLANNING DEPARTMENT

Date Filed: _____ By: _____
RA Fee Paid: _____ EA Fee Paid: _____
Receipt Number: _____
Notes: _____
For Department Use Only
GP Designation: _____ Zoning Designation: _____ Chapter: _____ Property Owner Verified: Yes
No Minimum lot size allowed: _____ More Info Complete: Yes No
Setbacks: F ___ R ___ S ___ C ___ Special ___ Trakit information complete: Yes No OPUD Clearance Yes No N/A
Application reviewed by: _____ Date: ___/___/___



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 # _____