#### DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT



1010 10<sup>TH</sup> Street, Suite 3400, Modesto, CA 95354 Planning Phone: (209) 525-6330 Fax: (209) 525-5911

Building Phone: (209) 525-6557 Fax: (209) 525-7759

Form Available Online: <a href="http://www.stancounty.com/planning/applications.shtm">http://www.stancounty.com/planning/applications.shtm</a>

# TEMPORARY MOBILE HOME PERMIT APPLICATION INFORMATION

#### How do I apply?

Obtain a Temporary Mobile Home Permit application from the Stanislaus County Planning & Community Development Department. An application can be obtained in person or on-line at: <a href="http://www.stancounty.com/planning/pl/forms.shtm">http://www.stancounty.com/planning/pl/forms.shtm</a>. It is highly recommended that you meet and discuss your application with Planning staff.

### How long will it take, from the time I submit my application?

Approximately 20 - 30 days.

#### How much will it cost?

New Application Fee: \$313.00 Annual Renewal: \$72.00 Late Fee: \$142.00

#### What method of payment is accepted?

Fees may be paid by check, cash, or credit card.

#### Who approves the application?

The Stanislaus County Director of Planning and Community Development.

#### What about building and other permits?

After approval of your temporary mobile home permit, you will need to obtain building permits. You may need to obtain an encroachment permit or other permits. Staff can assist you in identifying these permits.

#### What information will I need to provide?

A complete application/questionnaire form including all applicable information listed on the Checklist on pages i - ii.

### **APPLICATION CHECKLIST:**

All Applications:

#### **Complete Application/Questionnaire Form**

Must be signed by all property owners and the applicant(s).

\*\*\*Review carefully for specific restrictions/requirements, that may impact the required items listed below

| ☐ Or | пе сору | of the | current | Grant | Deed |
|------|---------|--------|---------|-------|------|
|------|---------|--------|---------|-------|------|

Must include a legal description of the property for which the project is being requested. Please note that the legal description is not the same as the Assessor's Parcel Number (APN).

- 11" by 17" reproducible, to scale, legible plot plan which clearly shows the intended project. The plot plan must contain the following information: (See example plot plan on page 10.)
  - Dimensions of the property;
  - Location and dimensions of all existing structures and the proposed mobile home;
  - Distance of the proposed mobile home to existing structures and property lines;
  - > Location of any existing or proposed septic tank and leach line;
  - Irrigation lines and/or drainage ditches;
  - All recorded irrigation and utility easements;
  - North arrow, scale, and street names;
  - Location of existing and proposed driveways.

| ruii-i i | me Employee:  |
|----------|---|
|          | W-2, 1099, or other proof of full-time employment   |
|          | man: Applicable only in the Highway Frontage (H-1), General Commercial (C-2), Planned Development dustrial (M), and Limited Industrial (LM) Zoning Districts. |
|          | No additional information needed (beyond the completed Watchman section of the application).  |

## APPLICATION CHECKLIST MUST BE SUBMITTED WITH APPLICATION QUESTIONNAIRE



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### APPLICATION QUESTIONNAIRE

| Please Check Applicable Boxes  | PLANNING STAFF USE ONLY:   |   |  |  |
|--|--|---|--|--|
| APPLICATION FOR:   | Application No(s):   |   |  |  |
| Please review the below referenced code sections of attached Chapter 21.72 of the County Zoning Ordinance to ensure your request is consistent with County Code.   |  | Date:   |  |  |
| ☐ Full-Time Employee   |  | GP Designation: Zoning: Fee:  |  |  |
| Section 21.72.020(C)   |  | Receipt No.:  |  |  |
| ☐ Watchman   |  | Received By:  |  |  |
| Section 21.72.020(D)   |  | Notes:  |  |  |
|  |  |   |  |  |
| required, but are highly recommended. An incomplete application will be placed on hold until all the necessary information is provided to the satisfaction of the requesting agency. An application will not be accepted without all the information identified on the checklist.  Please contact staff at (209) 525-6330 to discuss any questions you may have. Staff will attempt to help you in any way we can.   |  |   |  |  |
| PROJECT INFORMATION  |  |   |  |  |
| PROJE  | CIINFORM   | ATION   |  |  |
| Complete and accurate information s<br>complete each applicable section ent<br>this to show that each question has   | saves time and is vital to pro<br>irely. If a question is not appl<br>s been carefully considered.<br>10 <sup>th</sup> Street - 3 <sup>rd</sup> Floor, (209) 525   | ject review and assessment. Please icable to your project, please indicate Contact the Planning & Community -6330, if you have any questions. Pre-  |  |  |
| Complete and accurate information so complete each applicable section entithis to show that each question has Development Department staff, 1010 to application meetings are highly recommend.   | saves time and is vital to pro<br>irely. If a question is not appl<br>s been carefully considered.<br>10 <sup>th</sup> Street - 3 <sup>rd</sup> Floor, (209) 525   | ject review and assessment. Please icable to your project, please indicate Contact the Planning & Community -6330, if you have any questions. Pre-  |  |  |
| Complete and accurate information so complete each applicable section entithis to show that each question has Development Department staff, 1010 to application meetings are highly recommend.   | saves time and is vital to pro<br>irely. If a question is not appl<br>s been carefully considered.<br>10 <sup>th</sup> Street - 3 <sup>rd</sup> Floor, (209) 525<br>nmended.   | ject review and assessment. Please icable to your project, please indicate Contact the Planning & Community -6330, if you have any questions. Pre-  |  |  |
| Complete and accurate information is complete each applicable section entithis to show that each question has Development Department staff, 1010 to application meetings are highly recommend to the contract PERSON:  Who is to the complete and accurate information is accurate information in the complete each applicable section entitles and accurate information is accurate information in the complete each applicable section entitles and accurate information is accurate information in the complete each applicable section in the complete each applicable in the complete each applicable | saves time and is vital to profirely. If a question is not apples been carefully considered. 10th Street - 3rd Floor, (209) 525 nmended.  The primary contact person for information in the profile in the profi | ject review and assessment. Please icable to your project, please indicate Contact the Planning & Community -6330, if you have any questions. Pre-  |  |  |
| Complete and accurate information is complete each applicable section entithis to show that each question has Development Department staff, 1010 to application meetings are highly recommend to the contract PERSON:  Who is to Name:  Address:   | saves time and is vital to profirely. If a question is not apples been carefully considered. 10th Street - 3rd Floor, (209) 525 nmended.  The primary contact person for inf   | ject review and assessment. Please icable to your project, please indicate Contact the Planning & Community -6330, if you have any questions. Pre-  |  |  |
| Complete and accurate information is complete each applicable section entithis to show that each question has Development Department staff, 1010 to application meetings are highly recommend to the contract PERSON:  Who is to Name:  Address:   | saves time and is vital to profirely. If a question is not applies been carefully considered. 10th Street - 3rd Floor, (209) 525 amended.  The primary contact person for informal E-Mail Address:   | ject review and assessment. Please icable to your project, please indicate Contact the Planning & Community -6330, if you have any questions. Preormation regarding this project?  Telephone: |  |  |
| Complete and accurate information is complete each applicable section entit this to show that each question has Development Department staff, 1010 to application meetings are highly recommendation.  CONTACT PERSON: Who is to Name:  Address:  Fax Number:  (Attach additional sheets as necessary)   | saves time and is vital to profirely. If a question is not applies been carefully considered.  10 <sup>th</sup> Street - 3 <sup>rd</sup> Floor, (209) 525 amended.  The primary contact person for informal E-Mail Address:  | ject review and assessment. Please icable to your project, please indicate Contact the Planning & Community -6330, if you have any questions. Preormation regarding this project?  Telephone: |  |  |
| Complete and accurate information is complete each applicable section entit this to show that each question has Development Department staff, 1010 of application meetings are highly recommed to the contract Person:  Who is to the contract Person:  Who is to the contract Person:  Address:  Fax Number:  (Attach additional sheets as necessary)  PROPERTY OWNER'S NAME.   | saves time and is vital to profirely. If a question is not applies been carefully considered.  10 <sup>th</sup> Street - 3 <sup>rd</sup> Floor, (209) 525 amended.  The primary contact person for informal E-Mail Address:  | ject review and assessment. Please icable to your project, please indicate Contact the Planning & Community-6330, if you have any questions. Pre-ormation regarding this project?  Telephone: |  |  |

I:\Planning\Forms and Templates\Clerical Forms\Applications\PDF Forms\TMHP Application 07-2023.pdf

| Telephone:  | APPLICANT'S NAME: (If different from Property Owner)   |  |  |
|---|--|--|--|
| PROPERTY OWNER/APPLICANT SIGNATURE  I hereby certify that the facts, statements, and information presented within this application form are true and co to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissio any information required in this application form may result in my application being delayed or not approved b County. I hereby certify that I have read and fully understand all the information required in this application including:  1. The Indemnification on page 9.  Property Owner(s): (Attach additional sheets as necessary)  Signature(s)  Print Name  Applicant(s): (If different from above) | Mailing Address  |  |  |
| I hereby certify that the facts, statements, and information presented within this application form are true and co to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissio any information required in this application form may result in my application being delayed or not approved b County. I hereby certify that I have read and fully understand all the information required in this application including:  1. The Indemnification on page 9.  Property Owner(s): (Attach additional sheets as necessary)  Signature(s) Print Name  Applicant(s): (If different from above)                                      |  | Telephone:   | Fax:   |
| to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissio any information required in this application form may result in my application being delayed or not approved b County. I hereby certify that I have read and fully understand all the information required in this application including:  1. The Indemnification on page 9.  Property Owner(s): (Attach additional sheets as necessary)  Signature(s) Print Name  Applicant(s): (If different from above)  | PROPERTY OWNER   | R/APPLICANT SIGNA  | ATURE  |
| Property Owner(s): (Attach additional sheets as necessary)  Signature(s) Print Name  Applicant(s): (If different from above)  | to the best of my knowledge and<br>any information required in this ar<br>County. I hereby certify that I have | belief. I hereby understand and cer<br>oplication form may result in my ap | tify that any misrepresentation or omissions o<br>plication being delayed or not approved by the |
| Signature(s)  Print Name  Applicant(s): (If different from above)   | 1. The Indemnification on pa   | age 9.   |  |
| Applicant(s): (If different from above)   | Property Owner(s): (Attach add   | tional sheets as necessary)  |  |
|   | Signature(s)   | Print Name   | )  |
|   |  |  |  |
|   |  |  |  |
| Signature(s) Print Name   | Applicant(s): (If different from ab  | ove)   |  |
|   | Signature(s)   | Print Name   | )  |
|   |  |  |  |
|   |  |  |  |

### SITE & MOBILE HOME INFORMATION

| ASSESSOR'S PARCEL NUMBER(S):  | Book                  | Page                       | Parcel                  |                         |
|---|-----------------------|----------------------------|-------------------------|-------------------------|
| additional parcel numbers:  |                       |                            |                         |                         |
| Project Site Address or Physical Location:                                    |                       |                            |                         |                         |
| _   |                       |                            |                         |                         |
| Property Area:  | Acre                  | es                         |                         |                         |
| Present Use of Property:  |                       |                            |                         |                         |
| List any known previous tempora<br>name, reason for use. Please i<br>removed. |                       |                            |                         |                         |
| List any known previous project identify project name, type of project        |                       |                            | se Permit, Parcel       | Map, etc.: (Please      |
| ADJACENT LAND USE: (Describe a  | adjacent land uses wi | thin 1,320 feet (1/4 mile) | and/or two parcels ir   | n each direction of the |
| East:   |                       |                            |                         |                         |
| West:   |                       |                            |                         |                         |
| North:  |                       |                            |                         |                         |
| South:  |                       |                            |                         |                         |
| LIST ALL EXISTING DWELLINGS   | , INCLUDING MOE       | BILE HOMES: (Attach        | additional sheet if ned | cessary):               |
| <u>Address</u>  |                       |                            | <u>Occupant</u>         |                         |
| Example: 222 Main Avenue  |                       | Property Ov                | vner - Joe Smith        |                         |
|   |                       |                            |                         |                         |
|   |                       |                            |                         |                         |
|   |                       |                            |                         |                         |
|   |                       |                            |                         |                         |

|                      | E NUMBER A               | ND USE OF ALL NON-RESIDENTIAL STRUCTURES ON THE PROPERTY                     |
|----------------------|--------------------------|--|
|                      |                          |  |
|                      |                          |  |
| PROPO                | SED MOBILE               | HOME:  |
| Make (if I           | known):                  |  |
| Model (if            | known):                  |  |
| Year (if k           | nown):                   |  |
| Size (if ui          | nknown<br>pated size):   |  |
| Number of baths (re- | of bedrooms/<br>quired): |  |
| WILLIAI              | MSON ACT CO              | ONTRACT:   |
| YES                  | NO                       | Is the property currently under a Williamson Act contract?  Contract Number: |
|                      |                          | If yes, has a Notice of Non-Renewal been filed?                              |
|                      |                          | Date Filed:  |

#### If yes, please note the following:

In October 2003, Governor Davis signed into Law AB1492 (Laird) which, effective January 1, 2004, amends the Government Code as it relates to Williamson Act contracts. AB1492 considers that a landowner has "materially breached" the contract if both of the following conditions are met:

#### Government Code Section 51250

- (1) A commercial, industrial, or residential building is constructed that is not allowed by this chapter or the contract, local uniform rules or ordinances consistent with the provisions of this chapter, and that is not related to an agricultural use or compatible use.
- (2) The total area of all of the building or buildings likely causing the breach exceeds 2,500 square feet.

So what does all of this mean to you? What it means to you - the Williamson Act contract holder - is that you may not be able to place a temporary mobile home on your property if it is not specifically related to the agricultural use of that property. Approval of agriculturally related buildings will be dependent on its compatibility with the on-site agricultural use of the property and may be delayed until any questions of compatibility are resolved.

AB1492 includes very specific, and costly penalties to the landowners and the threat of financial penalty to the County should any breach of the contract be discovered and not eliminated. The monetary penalty to the landowner would be 25 percent of the unrestricted fair market value of the land rendered incompatible by the breach, plus 25 percent of the value of the incompatible building and any related improvements on the contracted land.

The Department of Planning and Community Development is actively working to assess the impacts of AB 1492 and, if needed, will be making recommendations regarding changes to the County Code and County's Uniform Rules for the Williamson Act. Staff is available to discuss AB 1492 in person or via phone at (209) 525-6330.

### **FULL-TIME EMPLOYEE**

#### COMPLETE THIS SECTION ONLY WHEN APPLICATION IS FOR A FULL-TIME EMPLOYEE

Please read section 21.72.020(c) of attached Chapter 21.72 of the County Zoning Ordinance to ensure your request is consistent with the County Code.

| (include only the uses of  |  | nome will be loo     | cated, attach additional sheets if necessary)                             |
|--|--|----------------------|---|
|  |  |                      |   |
| NUMBER OF CROPS (Please complete if applied Example: Almonds     | :<br>cable - attach additional sheets if<br><u>Use</u>               | necessary)  38 acres | <u>Acreage</u>  |
| NUMBER OF ANIMAL (Please complete if applied Example: Dairy Cows | <b>_S:</b> cable - attach additional sheets if <u>Type</u>           |                      | <u>Number</u><br>400  |
| WILL THE FULL-TIMI APPLICANT?                                    | E EMPLOYEE BE WORKING  | G OFF-SITE (         | ON PROPERTY OWNED OR LEASED BY THE  |
| YES □ NO □   | If yes, please provide details re<br>additional sheets if necessary) |                      | on, number of crops, number of animals: (attach                           |
|  |  |                      |   |
| PRINCIPLE RESIDEN Who occupies the princip                       | ICE: ble residence of the property? Name                             |                      | <u>Address</u>  |
|  |  |                      | E RESIDENCE WORK FULL-TIME ON THE uested to verify full-time involvement) |

PLEASE ATTACH THE NECESSARY W-2, 1099, OR OTHER PROOF OF FULL-TIME EMPLOYMENT

### **WATCHMAN**

COMPLETE THIS SECTION ONLY WHEN APPLICATION IS FOR A WATCHMEN IN THE HIGHWAY FRONTAGE (H-1), GENERAL COMMERCIAL (C-2), PLANNED DEVELOPMENT (PD), INDUSTRIAL (M), AND LIMITED INDUSTRIAL (LM) ZONING DISTRICTS.

Please read section 21.72.020(d) of attached Chapter 21.72 of the County Zoning Ordinance to ensure your request is consistent with the County Code.

| OUTSIDE STORAGE AREA:                  |          |                |
|--|----------|----------------|
| Size of storage area:                  | Acres or | Square Footage |
| Type and number of items being stored: |          |                |
|  |          |                |
|  |          |                |
| Estimated value of stored items:       |          |                |
|  |          |                |
|  |          |                |

#### **INDEMNIFICATION:**

In consideration of the County's processing and consideration of this application for approval of the land use project being applied for (the "Project"), and the related California Environmental Quality Act (CEQA) consideration by the County, the Owner and Applicant, jointly and severally, agree to indemnify the County of Stanislaus ("County") from liability or loss connected with the Project approvals as follows:

1. The Owner and Applicant shall defend, indemnify and hold harmless the County and its agents, officers and employees from any claim, action, or proceeding against the County or its agents, officers or employees to attack, set aside, void, or annul the Project or any prior or subsequent development approvals regarding the Project or Project condition imposed by the County or any of its agencies, departments, commissions, agents, officers or employees concerning the said Project, or to impose personal liability against such agents, officers or employees resulting from their involvement in the Project, including any claim for private attorney general fees claimed by or awarded to any party from County.

The obligations of the Owner and Applicant under this Indemnification shall apply regardless of whether any permits or entitlements are issued.

- 2. The County will promptly notify Owner and Applicant of any such claim, action, or proceeding that is or may be subject to this Indemnification and, will cooperate fully in the defense.
- 3. The County may, within its unlimited discretion, participate in the defense of any such claim, action, or proceeding if the County defends the claim, actions, or proceeding in good faith. To the extent that County uses any of its resources responding to such claim, action, or proceeding, Owner and Applicant will reimburse County upon demand. Such resources include, but are not limited to, staff time, court costs, County Counsel's time at their regular rate for external or non-County agencies, and any other direct or indirect cost associated with responding to the claim, action, or proceedings.
- 4. The Owner and Applicant shall not be required to pay or perform any settlement by the County of such claim, action or proceeding unless the settlement is approved in writing by Owner and Applicant, which approval shall not be unreasonably withheld.
- 5. The Owner and Applicant shall pay all court ordered costs and attorney fees.

**Property Owner(s)**: (Attach additional sheets as necessary.)

6. This Indemnification represents the complete understanding between the Owner and Applicant and the County with respect to matters set forth herein.

IN WITNESS WHEREOF, by their signature below, the Owner and Applicant hereby acknowledge that they have read, understand and agree to perform their obligations under this Indemnification.

Signature(s)

Print Name

Applicant(s): (If different from above)

Signature(s)

Print Name

## **EXAMPLE PLOT PLAN**

