

Planning Application

PJR-001

Application Type(s):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Admin Cert. Compliance | <input type="checkbox"/> Design Review Admin | <input type="checkbox"/> Minor Subdivision | <input checked="" type="checkbox"/> Use Permit |
| <input type="checkbox"/> Ag. or Timber Preserve/Contract | <input type="checkbox"/> Design Review Full | <input type="checkbox"/> Voluntary Merger | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Conditional Cert. of Compliance | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Ordinance Interpretation | <input type="checkbox"/> Zone Change |
| <input type="checkbox"/> Cert. of Modification | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Second Unit Permit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coastal Permit | <input type="checkbox"/> Major Subdivision | <input type="checkbox"/> Specific/Area Plan Amendment | |
| <input type="checkbox"/> Zoning Permit for: _____ | | | |

File # _____

By placing my contact information (name, address, phone number, email address, etc.) on this application form and submitting it to Sonoma County PRMD, I understand and authorize PRMD to post this application to the internet for public information purposes, including my contact information.

PRINT CLEARLY							
APPLICANT				OWNER (IF OTHER THAN APPLICANT)			
Name Daniel Welles - Summit Engineering, Inc.				Name Starr Holdings LLC			
Mailing Address 463 Aviation Blvd., Suite 200				Mailing Address 2269 Chestnut Street, #450			
City Santa Rosa		State CA	Zip 95403	City San Francisco		State CA	Zip 94123
Day Ph (707)-978-5732		Email daniel@summit-sr.com		Day Ph (415)-205-8859		Email markhanson640@comcast.net	
Signature _____			Date 1/14/21	Signature			Date 12/29/20
Billing Responsible Party (At-Cost Only) <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Other: _____							
OTHER PERSONS TO RECEIVE CORRESPONDENCE							
Name/Title _____				Name/Title _____			
Mailing Address _____				Mailing Address _____			
City _____		State _____	Zip _____	City _____		State _____	Zip _____
Day Ph () _____		Email _____		Day Ph () _____		Email _____	
PROJECT INFORMATION							
Address(es) 7394 Starr Road						City Windsor	
Assessor's Parcel Number(s) 066-220-019							
Project Description <u>Use Permit Modification to increase event capacity. See enclosed project narrative for more detail.</u>							
Acreage 19 (+/-)				Number of new lots proposed N/A			
Site Served by Public Water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Site Served by Public Sewer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TO BE COMPLETED BY PRMD STAFF							
Planning Area _____		Supervisory District _____		<input type="checkbox"/> Critical Habitat <input type="checkbox"/> Urban Service		Groundwater <input type="checkbox"/> 1 / 2	
Current Zoning _____		<input type="checkbox"/> NPDES <input type="checkbox"/> Williamson Act		Specific/Area Plan _____		Availability <input type="checkbox"/> 3 / 4	
General Plan Land Use _____				Parcel Specific Policy _____		Subject to CEQA <input type="checkbox"/> EX	
Application resolve planning violation? <input type="checkbox"/> Yes <input type="checkbox"/> No				Violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		File No. _____	
Previous Files _____				Penalty application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Application accepted by _____				Date _____			
Approved by _____				Date _____			