



RIVERSIDE COUNTY PLANNING DEPARTMENT

Steven Weiss, AICP
Planning Director

APPLICATION FOR ESTABLISHMENT OR ENLARGEMENT OF AN AGRICULTURAL PRESERVE

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

APPLICATION INFORMATION

Applicant Name: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____
Street

_____ City State ZIP

Daytime Phone No: (____) _____ Fax No: (____) _____

Engineer/Representative Name: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____
Street

_____ City State ZIP

Daytime Phone No: (____) _____ Fax No: (____) _____

Property Owner Name: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____
Street

_____ City State ZIP

Check this box if additional persons or entities have an ownership interest in the subject property(ies) in addition to that indicated above; and attach a separate sheet that references the property address and/or assessor's parcel number and list those names, mailing addresses, phone and fax numbers, and email addresses; and provide signatures of those persons or entities having an interest in the real property(ies) involved in this application.

Riverside Office · 4080 Lemon Street, 12th Floor
P.O. Box 1409, Riverside, California 92502-1409
(951) 955-3200 · Fax (951) 955-1811

Desert Office · 77-588 El Duna Court, Suite H
Palm Desert, California 92211
(760) 863-8277 · Fax (760) 863-7555

"Planning Our Future... Preserving Our Past"

APPLICATION FOR ESTABLISHMENT OR ENLARGEMENT OF AN AGRICULTURAL PRESERVE

AUTHORITY FOR THIS APPLICATION IS HEREBY GIVEN:

I certify that I am/we are the record owner(s) or authorized agent and that the information filed is true and correct to the best of my knowledge. An authorized agent must submit a letter from the owner(s) indicating authority to sign the application on the owner's behalf.

All signatures must be originals ("wet-signed"). Photocopies of signatures are **not** acceptable.

<i>PRINTED NAME OF PROPERTY OWNER(S)</i>	<i>SIGNATURE OF PROPERTY OWNER(S)</i>
<i>PRINTED NAME OF PROPERTY OWNER(S)</i>	<i>SIGNATURE OF PROPERTY OWNER(S)</i>

The Planning Department will primarily direct communications regarding this application to the person identified above as the Applicant. The Applicant may be the property owner, representative, or other assigned agent.

AUTHORIZATION FOR CONCURRENT FEE TRANSFER

The applicant authorizes the Planning Department and TLMA to expedite the refund and billing process by transferring monies among concurrent applications to cover processing costs as necessary. Fees collected in excess of the actual cost of providing specific services will be refunded. If additional funds are needed to complete the processing of this application, the applicant will be billed, and processing of the application will cease until the outstanding balance is paid and sufficient funds are available to continue the processing of the application. The applicant understands the deposit fee process as described above, and that there will be **NO** refund of fees which have been expended as part of the application review or other related activities or services, even if the application is withdrawn or the application is ultimately denied.

PROPERTY INFORMATION:

Assessor's Parcel Number(s): _____

Approximate Gross Acreage: _____

General location (nearby or cross streets): North of _____, South of _____, East of _____, West of _____.

PROJECT INFORMATION:

Purpose of Request (Check one):

- Establishment (Minimum 100 contiguous acres)
- Enlargement (Minimum 10 contiguous acres adjacent to existing agricultural preserve).

Number of Owner's Petitions attached: _____

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Related cases filed in conjunction with this application:

Are there previous development applications filed on the subject property: Yes No

If yes, provide Application No(s). _____
(e.g. Tentative Parcel Map, Zone Change, etc.)

Initial Study (EA) No. (if known) _____ EIR No. (if applicable): _____

Have any special studies or reports, such as a traffic study, biological report, archaeological report, geological or geotechnical reports, been prepared for the subject property? Yes No

If yes, indicate the type of report(s) and provide a signed copy(ies): _____

If the project located within either the Santa Ana River/San Jacinto Valley watershed, the Santa Margarita River watershed, or the Whitewater River watershed, check the appropriate checkbox below.

If not known, please refer to [Riverside County's Map My County website](#) to determine if the property is located within any of these watersheds (search for the subject property's Assessor's Parcel Number, then select the "Geographic" Map Layer – then select the "Watershed" sub-layer)

If any of the checkboxes are checked, click on the adjacent hyperlink to open the applicable Checklist Form. Complete the form and attach a copy as part of this application submittal package.

[Santa Ana River/San Jacinto Valley](#)

[Santa Margarita River](#)

[Whitewater River](#)

If the applicable Checklist has concluded that the application requires a preliminary project-specific Water Quality Management Plan (WQMP), such a plan shall be prepared and included with the submittal of this application.

This completed application form, together with all of the listed requirements provided on the Agricultural Preserve Establishment/Enlargement Application Filing Instructions Handout, are required in order to file an application with the County of Riverside Planning Department.