



# RIVERSIDE COUNTY PLANNING DEPARTMENT

Charissa Leach, P.E.  
Assistant TLMA Director

## APPLICATION FOR DISESTABLISHMENT OR DIMINISHMENT 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"

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*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been expended as part of the application review or other related activities or services, even if the application is withdrawn or the application is ultimately denied.

**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, and in accordance with Govt. Code Section 65105, acknowledge that in the performance of their functions, planning agency personnel may enter upon any land and make examinations and surveys, provided that the entries, examinations, and surveys do not interfere with the use of the land by those persons lawfully entitled to the possession thereof.

(If an authorized agent signs, the agent must submit a letter signed by the owner(s) indicating authority to sign on the owner(s)'s behalf, and if this application is submitted electronically, the "wet-signed" signatures must be submitted to the Planning Department after submittal but before the subdivision is ready for public hearing.)

_____	_____
<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.

**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):

- Disestablishment (Termination of entire Agricultural Preserve)
- Diminishment (Removal of a portion of the land in an Agricultural Preserve).

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Name and Map Number of the affected Agricultural Preserve: \_\_\_\_\_

Number of Petitions for Cancellation of Contract attached: \_\_\_\_\_

Has a Notice of Nonrenewal been served on the land involved in this application? Yes  No

If yes, state the date(s) of said Notice of Nonrenewal served: \_\_\_\_\_

Related cases filed in conjunction with this request: \_\_\_\_\_

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

Y:\Current Planning\LMS Replacement\Condensed P.D. Application Forms\Ag Preserve Disestablish-Diminish Condensed Application.docx  
Created: 07/07/2015 Revised: 07/30/2018