



RIVERSIDE COUNTY
PLANNING DEPARTMENT

Charissa Leach, P.E.
Assistant TLMA Director

APPLICATION FOR ACCESSORY WIND ENERGY
CONVERSION SYSTEMS (WECS) PERMIT

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

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

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 subdivision type and number and list those names, mailing addresses, phone and fax numbers, and email addresses; and

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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 ACCESSORY WECS

provide signatures of those persons or entities having an interest in the real property(ies) involved in this application.

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.)

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 _____.

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Proposal (describe the project):

Related cases filed in conjunction with this request:

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): _____

Indicate total rated power output of the accessory WECS: _____

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.

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HAZARDOUS WASTE SITE DISCLOSURE STATEMENT

Government Code Section 65850.2 requires the owner or authorized agent for any development project to disclose whether:

Compliance will be needed with the applicable requirements of Section 25505 and Article 2 (commencing with Section 25531) of Chapter 6.95 of Division 20 of the Health and Safety Code or the requirements for a permit for construction or modification from the air pollution control district or air quality management district exercising jurisdiction in the area governed by the County. Yes No

The proposed project will have more than a threshold quantity of a regulated substance in a process or will contain a source or modified source of hazardous air emissions. Yes No

I (we) certify that my (our) answers are true and correct.

Owner/Representative (1) _____ Date _____

Owner/Representative (2) _____ Date _____

PROJECT DESCRIPTION INFORMATION SHEET
(Provide attached sheet(s) if necessary)

1. Manufacturer(s) Name:	
2. Wind Machine Model(s):	
3. Physical Specification:	
a. Total height (Blade tip at 12 O'clock position):	
b. Tower Height:	
c. Rotor Diameter:	
d. Minimum Blade Height above Ground or foundation platform (whichever is less - if WECS is located on an existing building, such as a roof, indicate total height of structure with WECS and roof clearance distance):	
e. Weight of blades:	
f. Total machine and tower weight (in tons):	
g. Width of foundation:	
h. Depth of foundation:	
i. Height of foundation:	
j. Weight of foundation:	

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PROJECT DESCRIPTION INFORMATION SHEET (Provide attached sheet(s) if necessary)	
k. Tower construction material(s):	
l. Blade construction material(s)	
m. Internal bearing and turbine construction material(s):	
4. Machine Coloration:	
a. Color of tower:	
b. Color of turbine:	
c. Color of blade:	
5. Performance Specifications:	
a. Rotation speed (RPM):	
b. Blade tip speed:	
c. Cut in and out speed (if any):	
d. Rated power output (name plate or power curve):	
e. Rated wind speed:	
f. Rotor orientation: Horizontal or Vertical:	
g. Estimated useful life of machine:	
6. Noise generation characteristics:	
a. At rated power output (name plate or power curve):	
b. Maximum speed:	
7. Indicate type of overspeed control system:	
8. Are any components certified by a recognized national testing laboratory (i.e., U.L., etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please explain.	
9. Indicate the site preparation schedule with expected dates of WECS installation and whether or not the project will be broken into phases.	
10. Indicate potential distance of blade throw and probability of occurrence	
11. Transmission System:	
a. Location point of interconnection with utility:	
b. Are additional transmission lines required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. If new lines are required, indicate total length of extension:	
d. If new lines required, attach an exhibit map indicating route:	

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PROJECT DESCRIPTION INFORMATION SHEET
(Provide attached sheet(s) if necessary)

12. Have you obtained easements for wind access from adjacent property owner(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please note on site plan and attach any related documentation.)	
13. Security and Safety: a. What other safety devices are proposed (i.e., fencing, anti-climb devices, etc.)	

This completed application form, together with all of the listed requirements provided on the Accessory WECS 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\295-1072 WECS-Accessory Condensed Application.docx
Created: 06/19/2015 Revised: 07/30/2018