


**ATTACHMENT 3: COUNTY-INITIATED APPLICATION FOR NON-RENEWAL**



**PLANNING & DEVELOPMENT  
PERMIT APPLICATION**

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SITE ADDRESS: 1840 & 1940 N. San Marcos Rd, Santa Barbara  
 ASSESSOR PARCEL NUMBER: 153-310-010 and -019  
 PARCEL SIZE (acres/sq.ft.): Gross 22.01 Net \_\_\_\_\_  
 ZONING: AG-11-40  
 COMPREHENSIVE/COASTAL PLAN DESIGNATION: A-C

Are there previous permits/applications?  No  Yes numbers: \_\_\_\_\_  
 (include permit # & lot # if tract)

Did you have a pre-application?  No  Yes if yes, who was the planner? \_\_\_\_\_

Are there previous environmental (CEQA) documents?  No  Yes numbers: \_\_\_\_\_

Project description summary: County-initiated nonrenewal of 77-AP-030

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1. Financially Responsible Person n/a Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 (For this project)  
 Mailing Address: \_\_\_\_\_  
 Street City State Zip

2. Owner: James Lockie Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Mailing Address: 232 E. Annapolis # 1, Santa Barbara, CA 93101 E-mail: \_\_\_\_\_  
 Street City State Zip

3. Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Street City State Zip

4. Arch./Designer: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ State/Reg Lic# \_\_\_\_\_  
 Street City State Zip

5. Engineer/Surveyor: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ State/Reg Lic# \_\_\_\_\_  
 Street City State Zip

6. Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ State/Reg Lic# \_\_\_\_\_  
 Street City State Zip

I hereby certify to the best of my knowledge, the information contained in this application and all attached materials are correct, true and complete.

[Signature]  
Signature

Debbie Truys 6/11/2020  
Print name/date

\*\*\*\*\* COUNTY USE ONLY \*\*\*\*\*

**20AGP-00000-00010**  
 NONRENEWAL OF 77-AP-030 (COUNTY-INT)  
 1840 N SAN MARCOS RD 6/9/20

SANTA BARBARA 153-310-010

Submitted Date: \_\_\_\_\_  
 Receipt Number: \_\_\_\_\_  
 Accepted for Processing: \_\_\_\_\_  
 Comp. Plan Designation: \_\_\_\_\_