


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

	<p><b>PLANNING &amp; DEVELOPMENT PERMIT APPLICATION</b></p>
<p>SITE ADDRESS: <u>7735 Happy Canyon Road, SY</u></p> <p>ASSESSOR PARCEL NUMBER: <u>141-090-031</u></p> <p>PARCEL SIZE (acres/sq.ft.): Gross <u>136.86</u> Net _____</p> <p>ZONING: <u>AG-11-100</u></p> <p>COMPREHENSIVE/COASTAL PLAN DESIGNATION: _____</p> <p>Are there previous permits/applications? <input type="checkbox"/>no <input type="checkbox"/>yes numbers: _____ (include permit # &amp; lot # if tract)</p> <p>Did you have a pre-application? <input type="checkbox"/>no <input type="checkbox"/>yes if yes, who was the planner? _____</p> <p>Are there previous environmental (CEQA) documents? <input type="checkbox"/>no <input type="checkbox"/>yes numbers: _____</p> <p>Project description summary: _____</p>	
<p>1. Financially Responsible Person <u>N/A</u> Phone: _____ FAX: _____ (For this project) Mailing Address: _____ Street City State Zip</p> <p>2. Owner: <u>America Land Management, LLC</u> Phone: _____ FAX: _____ Mailing Address: <u>1487 E. Valley Rd #702, Monterey, CA 93908</u> E-mail: _____ Street City State Zip</p> <p>3. Agent: _____ Phone: _____ FAX: _____ Mailing Address: _____ E-mail: _____ Street City State Zip</p> <p>4. Arch./Designer: _____ Phone: _____ FAX: _____ Mailing Address: _____ State/Reg Lic# _____ Street City State Zip</p> <p>5. Engineer/Surveyor: _____ Phone: _____ FAX: _____ Mailing Address: _____ State/Reg Lic# _____ Street City State Zip</p> <p>6. Contractor: _____ Phone: _____ FAX: _____ Mailing Address: _____ State/Reg Lic# _____ Street City State Zip</p>	

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

Stephanie Stark  
Signature

Stephanie Stark / APAC chair  
Print name/date 10/27/20

Cas **20AGP-00000-00025**  
Sup. NONRENEWAL OF 90-AP-002A (COUNTY-IN)  
App. HAPPY CANYON RD 10/15/20  
Proj. SANTA YNEZ  
Zon. 141-090-031  
Upd.

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COUNTY USE ONLY

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