

ATTACHMENT 3: COUNTY-INITIATED APPLICATION FOR NON-RENEWAL

	PLANNING & DEVELOPMENT PERMIT APPLICATION
SITE ADDRESS: <u>4375 Sweeney Rd., Lompoc</u> ASSESSOR PARCEL NUMBER: <u>099-200-054 (48 acres), 099-200-067 (48.96 acres) & 099-200-070 (47.15 acres)</u> PARCEL SIZE (acres/sq.ft.): Gross <u>106.11 acres</u> Net _____ ZONING: <u>AG-11-100</u> COMPREHENSIVE/COASTAL PLAN DESIGNATION: <u>A-11-100</u> Are there previous permits/applications? <input type="checkbox"/> no <input type="checkbox"/> yes numbers: _____ (include permit # & lot # if tract) Did you have a pre-application? <input type="checkbox"/> no <input type="checkbox"/> yes if yes, who was the planner? _____ Are there previous environmental (CEQA) documents? <input type="checkbox"/> no <input type="checkbox"/> yes numbers: _____ Project description summary: <u>County-initiated nonrenewal of 80-AP-008</u>	
1. Financially Responsible Person <u>N/A</u> Phone: _____ FAX: _____ (For this project) Mailing Address: _____ Street City State Zip	
2. Owner: <u>(2) Henry Blanco & Timiras Family Living Trust</u> Phone: _____ FAX: _____ Mailing Address: _____ 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 Trupe 4/11/2020
Print name/date

Case N: 20AGP-00000-00007 Super: _____ Applies: NONRENEWAL OF 80-AP-008 (COUNTY-INI) Project: 4375 SWEENEY RD 6/9/20 Zoning: _____ Update: LOMPOC 099-200-054	COUNTY USE ONLY Submittal Date: _____ Receipt Number: _____ Accepted for Processing: _____ Comp. Plan Designation: _____
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