Mono County Community Development Department

PO Box 347 Mammoth Lakes CA, 93546 760.924.1800, fax 924.1801 commdev@mono.ca.gov

Planning Division

PO Box 8 Bridgeport, CA 93517 (760) 932-5420, fax 932-5431 www.monocounty.ca.gov

VARIANCE APPLICATION

APPLICATION #	FEE \$
DATE RECEIVED	RECEIVED BY
RECEIPT #	CHECK #

	RECEIPT # CHECK #
APPLICANT/AGENT ORALG TAPLE	EY, DESKEN DIMENSION ASSOC. INC
	CITY/STATE/ZIP MANMOTH LAKES, CA.
and the second s	E-MAIL CTE DESIGN-DIMENTION. NET
OWNER, if other than applicant	ed MILLE
ADDRESS P.O. Fox 204	CITY/STATE/ZIP June lake, ca. 93546
TELEPHONE (160) 914 2123	E-MAIL
PROPERTY DESCRIPTION:	
Assessor's Parcel # <u>015-060-139-0</u> Genera	al Plan Land Use Designation
PROPOSED USE: Describe in detail the variance	, using additional sheets if necessary.
EXISTING SPR NEEDS TO APD	A CHEPOST TO PROTECT CONTANTS
AND VEHICLES FROM ROOF SHE	DINKE SNOW DIRECTLY NOTO EXIST. FAR
NEW CAPPORTENCHACKES INTO FRONT S	ETBACK, GUST LOT SLOTE ALLOWS FOR THIS
financial hardship – related to the propengious enjoyed by others in the vicinity and circumstances are typically related to the size, shape, topography or surrounding privileges inconsistent with other propengious propengian consistent with other propengians.	perty deprive the property owner of privileges in an identical land use district. Special property's physical characteristics such as its is. Variances shall not: 1) constitute special rties in the vicinity or in the same land use or be detrimental to property owners in the
I CERTIFY UNDER PENALTY OF PERJURY THAT (all individual owners must sign as their names officer(s) empowered to sign for the corporation Attorney for this action (a notarized "Power of application form), AND THAT THE FOREGOING I	appear on the deed to the land), \square corporate in, or \square owner's legal agent having Power of of Attorney" document must accompany the

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More on back...

PROJECT INFORMATION

(To be completed by applicant or representative)

NOTE: Please answer all questions as accurately and completely as possible to avoid potential delays in processing. Attach additional sheets if necessary.

	yy
I.	TYPE OF PROJECT (check any permit(s) requested):
	☐ Director Review ☐ Use Permit ☐ Lot Line Adjustment ☐ Land Division (4 or fewer) ☐ Subdivision ☐ Specific Plan ☐ Variance ☐ General Plan Amendment ☐ Other
	APPLICANT CRAIG TAPLEY; DDA, INC.
	PROJECT TITLE MILLER EXMODEL
	LOT SIZE (sq. ft./acre) ASSESSOR'S PARCEL #
	PROJECT LOCATION 214 SKYLWERD., JUNE LAKE GA. (93529)
	Has your project been described in detail in the project application? Yes ☑ No ☐
	Please Specify: SPR - New CARPORT Number of Units / SPP Number of Buildings Density (units/acre)
	Total lot coverage/impervious surface (sq. ft. & %) a. Buildings (first-floor lot coverage /sq. ft. & %) b. Paved parking & access (sq. ft. & %)
	Landscaping/screening and fencing: a. Landscaping (sq. ft. & %) b. Undisturbed (sq. ft. & %)
	Total parking spaces provided: a. Uncovered b. Covered c. Guest/Handicapped
п.	SITE PLAN Are all existing and proposed improvements shown on the Plot Plan (see attached Plot Plan Requirements)? Yes No No O
III.	ENVIRONMENTAL SETTING Use one copy of the Tentative Map or Plot Plan as needed to show any necessary information. Attach photographs of the site, if available.

	1.	VICINITY MAP: Attach a copy of assessor's parcel pages or a vicinity map showing the subject property in relation to nearby streets and lots or other significant features.
	2.	EXISTING DEVELOPMENT: Vacant If the site is developed, describe all existing uses/improvements such as structures, roads, etc. Does the Plot Plan show these uses? Yes No No The Single Family Fesiperics with
,	3.	ACCESS/CIRCULATION: Name of Street Frontage(s) <u>GKYLINE RD</u> . Paved Dirt No existing access Are there any private roads, drives or road easements on/through the property? Yes No Access To presidence only what the property?
ŅA	~	Has an encroachment permit been submitted to Public Works or Caltrans? Yes \(\) No \(\) Does the property have any existing driveways or access points? Yes \(\) No \(\) Are any new access points proposed? Yes \(\) No \(\) Does the Plot Plan show the driveways or access points? Yes \(\) No \(\) Describe the number and type of vehicles associated with the project \(\) PAPKING APPLICATION FOR NEW CAPPORT - COURSE THREE SAFETY AND USES:
	4.	ADJACENT LAND USES: A. Describe the existing land use(s) on adjacent properties. Also note any major man-made or natural features (i.e., highways, stream channels, number and type of structures, etc.). LAND USE LAND USE
		North RESIDENTIAL South RESIDENTIAL East RESIDENTIAL West RESIDENTIAL
		B. Will the proposed project result in substantial changes in pattern, scale or character of use in the general area? Yes \(\sqrt{No} \) If YES, how does the project propose to lessen potential adverse impacts to surrounding uses? \(\sqrt{NO} \) CHAILE OFFICE
	5.	SITE TOPOGRAPHY: Is the site on filled land? Yes \(\bar{\text{No. 100 Mes}} \) Describe the site's topography (i.e., landforms, slopes, etc.) \(\begin{align*} al
	6.	DRAINAGES: A. Describe existing drainage ways or wetlands on or near the project site (i.e., rivers, creeks and drainage ditches 12" or deeper and/or within 30' of the property)
		B. Are there any drainage easements on the parcel? Yes \(\sigma\) No
		C. Will the project require altering any streams or drainage channels? Yes No If YES, contact the Department of Fish and Game for a stream alteration permit. IF YES TO ANY OF THE ABOVE, show location on plot plan and note any alteration or work to be done within 30 feet of the stream or drainage.
		VEGETATION: A. Describe the site's vegetation and the percentage of the site it covers (map major areas of vegetation on the Plot Plan) SEVERAL MARKE (UNITED TO BE TO
		B. How many trees will need to be removed?

	 C. Are there any unique, rare or endangered plant species on site? Yes \(\bigcup \) No \(\bigcup \) D. Has the site been used for the production of agricultural crops/trees or grazing/pasture land in the past or at the present time? Yes \(\bigcup \) No \(\bigcup \) E. Is landscaping/planting of new vegetation proposed? Yes \(\bigcup \) No \(\bigcup \)
8.	WILDLIFE:
	A. Will the project impact existing fish and wildlife? Yes \(\sigma\) No \(\sigma\) Describe existing fish and wildlife on site and note any proposed measures (if any) to avoid or mitigate impacts to fish and wildlife \(\sigma\)
	B. Are there any unique, rare or endangered animal species on site? Yes \(\sigma\) No
9.	CULTURAL RESOURCES: A. Are there any cemeteries, structures or other items of historical or archaeological interest on the property? Yes □ No □ Specify
10	CITE ODADING
10.	SITE GRADING: A. Will more than 10,000 square feet of site area be cleared and/or graded? Yes No Fig. Yes, how much?
	 B. Will the project require any cuts greater than 4' or fills greater than 3'? Yes \(\sigma\) No \(\sigma\) C. Will the project require more than 200 cubic yards of cut or fill? Yes \(\sigma\) No \(\sigma\) If YES, how much? If YES to A, B or C, contact the Department of Public Works for a grading permit.
	 D. Will site grading of 10% or more occur on slopes? Yes No E. Note any measures to be taken to reduce dust, prevent soil erosion, or the discharge of earthen material off site or into surface waters
11.	AIR QUALITY: THEST AFFORT FOR BY REALIZED THEST WAS A. Will the project have wood-burning devices? Yes \(\Delta \) No \(\Delta \) If YES, how many? \(\Delta \) B. What fuel sources will the proposed project use? Wood \(\Delta \) Electric \(\Delta \) Propane/Gas \(\Delta \) C. Will the proposal cause dust, ash, smoke, fumes or odors in the vicinity? Yes \(\Delta \) No \(\Delta \)
12.	VISUAL/AESTHETICS: A. How does the proposed project blend with the existing surrounding land uses? When the proposed project blend with the existing surrounding land uses? When the proposed project blend with the existing surrounding land uses? When the proposed project blend with the existing surrounding land uses?
	COLOR & POOF LINES
	B. How does the proposed project affect views from existing residential/commercial developments, public lands or roads?
	C. If outdoor lighting is proposed, describe the number, type and location 1- WALL MOUNTS SCONDE, WITH MIGHT SKY SHEOUSING
13.	NATURAL HAZARDS:
	A. Is the site known to be subject to geologic hazards such as earthquakes, landslides, mudslides, ground failure, flooding, avalanche or similar hazards? Yes No.
	(Circle applicable hazard[s]).
	B. Will any hazardous waste materials such as toxic substances, flammables or explosives
	be used or generated? Yes \(\begin{align*} \text{No } \\ \end{align*} \) C. Does the project require the disposal or release of hazardous substances?
	Yes \(\bullet \) No \(\bullet \) D. Will the project generate significant amounts of solid waste or litter? Yes \(\bullet \) No \(\bullet \)

E.	Will there be a substantial change in existing noise or vibration levels? Yes If YES to any of the above, please describe
14.	OTHER PERMITS REQUIRED: List any other related permits and other public approvals required for this project, including those required by county, regional, state and federal agencies: Encroachment Permits from Public Works or Caltrans. Stream Alteration Permit from Department of Fish and Game 404 Wetland Permit from Army Corps of Engineers Grading Permit from Public Works Building Permit from County Building Division Well/Septic from County Health Department Timber Land Conversion from California Department of Forestry Waste Discharge Permit from Lahontan Regional Water Quality Control Board Other Other
IV.	SERVICES EXIST. RESIDENCE, ALL SERVICES EXIST.
1.	Indicate how the following services will be provided for your project and the availability of service. Electricity Underground Overhead (Show location of existing utility lines on Plot Plan) Road/Access VIA FULL EASEMENT FROM SKY LINE
	Water Supply 9/157.
	Sewage Disposal EXIST.
	Fire Protection <u>EUST.</u> School District <u>EUST.</u>
2.	If an extension of any of the above is necessary, indicate which service(s), the length of extension(s), and the infrastructure proposed
informathat th	FICATION : I hereby certify that I have furnished in the attached exhibits the data and ation required for this initial evaluation to the best of my ability, and that the ation presented is true and correct to the best of my knowledge and belief. I understand its information, together with additional information that I may need to provide, will be a Mono County to prepare a Specific Plan in compliance with state law.
Signati	are
For	BARBARA MILLER OWNER

NOTE: Failure to provide any of the requested information will result in an incomplete application and thereby delay processing.