



COUNTY OF SANTA BARBARA

Planning and Development

[www.sbcountyplanning.org](http://www.sbcountyplanning.org)

# RENEWAL of MINOR CONDITIONAL USE PERMIT

**RENEWAL of MINOR CONDITIONAL USE PERMIT (CUP)** To provide for discretionary review of uses that are essential or desirable but cannot readily be classified as principal permitted uses in individual zone districts. This application should be used only when the applicant previously received approval for a Minor CUP for an Agricultural Employee Trailer, fulfilled all of the department conditions on that permit, and received Land Use Permit for the trailer and the existing Minor CUP has not yet expired. All others must use the Minor CUP application.

## THIS PACKAGE CONTAINS

- ✓ SUBMITTAL REQUIREMENTS
- ✓ APPLICATION
- ✓ INDEMNIFICATION AGREEMENT

**South County Office**  
123 E. Anapamu Street  
Santa Barbara, CA 93101  
Phone: (805) 568-2000  
Fax: (805) 568-2030

**Energy Division**  
123 E. Anapamu Street  
Santa Barbara, CA 93101  
Phone: (805) 568-2000  
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**North County Office**  
624 W. Foster Road, Suite C  
Santa Maria, CA 93455  
Phone: (805) 934-6250  
Fax: (805) 934-6258

Website: [www.sbcountyplanning.org](http://www.sbcountyplanning.org)

Updated by DE 041918

## SUBMITTAL REQUIREMENTS FOR RENEWAL OF A MINOR CUP

### Military Land Use Compatibility Planning Requirements

Is the site located in an area with any military uses/issues?  Yes  No

Please review the website to determine applicability. <http://cmluca.gis.ca.gov/>. This requirement applies to all General Plan Actions and Amendments, and Development Projects that meet one or more of the following conditions:

- 1) Is located within 1,000 feet of a military installation,
- 2) Is located within special use airspace, or
- 3) Is located beneath a low-level flight path

Copy of report attached?  Yes  No

### Cities Sphere of Influence

Is the site within a city sphere of influence?<sup>1</sup>  Yes  No

If yes, which city? \_\_\_\_\_

\_\_\_ 2 Copies of completed application form

\_\_\_ 2 Copies of verification of full time employment such as:

- applicant's income tax return
- employees pay receipts
- employee's W-2 form
- notarized contract, renewed yearly, between applicant and employee, which delineates work to be performed and wages to be received
- other option approved by Planning and Development, or Employer's DE-3.

\_\_\_ Check payable to **Planning & Development**.

\_\_\_ Agreement to Pay Form

[Click to download Agreement to Pay form](#)

\_\_\_ Indemnification Agreement

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<sup>1</sup> If additional information is needed regarding location of a City's Sphere of Influence, please contact our zoning information counter.



**PLANNING & DEVELOPMENT  
PERMIT APPLICATION**

SITE ADDRESS: \_\_\_\_\_  
 ASSESSOR PARCEL NUMBER: \_\_\_\_\_  
 PARCEL SIZE (acres/sq.ft.): Gross \_\_\_\_\_ Net \_\_\_\_\_  
 ZONING: \_\_\_\_\_  
 COMPREHENSIVE/COASTAL PLAN DESIGNATION: \_\_\_\_\_  
 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: \_\_\_\_\_  
 \_\_\_\_\_

<p><b>1. Financially Responsible Person</b> _____ Phone: _____ FAX: _____                  (For this project)                  Mailing Address: _____                  Street City State Zip</p>	
<p><b>2. Owner:</b> _____ Phone: _____ FAX: _____                  Mailing Address: _____ E-mail: _____                  Street City State Zip</p>	
<p><b>3. Agent:</b> _____ Phone: _____ FAX: _____                  Mailing Address: _____ E-mail: _____                  Street City State Zip</p>	
<p><b>4. Arch./Designer:</b> _____ Phone: _____ FAX: _____                  Mailing Address: _____ State/Reg Lic# _____                  Street City State Zip</p>	
<p><b>5. Engineer/Surveyor:</b> _____ Phone: _____ FAX: _____                  Mailing Address: _____ State/Reg Lic# _____                  Street City State Zip</p>	
<p><b>6. Contractor:</b> _____ 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name/date

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**COUNTY USE ONLY**

Case Number: _____	Companion Case Number: _____
Supervisory District: _____	Submittal Date: _____
Applicable Zoning Ordinance: _____	Receipt Number: _____
Project Planner: _____	Accepted for Processing _____
Zoning Designation: _____	Comp. Plan Designation _____

**SUBMITTAL QUESTIONS FOR RENEWAL OF MOBILE HOME, TRAILER**

1. How will the mobile home/trailer be used?

For a watchman.

As a residence.

As a residence during construction of a single-family dwelling.

For commercial, office or industrial use.

As an office in an agricultural district.

As a residence for a full-time farm employee in an agricultural district.

For a farm labor camp.

2. How is the mobile home/trailer screened from view of surrounding parcels (existing trees, vegetation, terrain, fences, etc.)?

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3. Are there other mobile homes/trailers on the property? Yes No  
If so, indicate how many and describe their use.

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4. Describe the present or proposed agricultural use of the project site (e.g., acres, crops, pasture, rangeland). Attach additional sheet, if necessary.

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5. Will the farm employee be working on the same ranch on which the mobile home/trailer will be located? Yes No

6. How many farm employees do you currently employ? \_\_\_\_\_

7. How many people will occupy the mobile home/trailer? \_\_\_\_\_