

PRE-CLEARANCE ATMOSPHERIC RIVER DISASTER ARD2023 STORMS



Phone 831-454-5323

Email for ARD2023:

StormDamage@SantaCruzCountyca.gov

What is Pre-Clearance?

Pre-Clearance is a streamlined review required for rebuild/repair of structures that have been significantly damaged as a result of the Atmospheric River Disaster (ARD2023) Storms. Following a Property Damage Assessment Inspection (PDAI) by the Recovery Permit Center (RPC), staff will advise if Pre-Clearance is required. The Pre-Clearance application includes the submittal of a site plan for an initial expedited review, which is to be completed prior to submittal of a full Building Permit application and plan set. The Pre-Clearance applications are processed by the Recovery Permit Center (RPC), which is a contracted temporary office in place to assist with streamlined reviews specifically for post-disaster rebuild of lost or damaged structures. Four reviews are included in the Pre-Clearance review through the RPC. These four required Pre-Clearance reviews are Fire, Environmental Planning, Environmental Health, and Zoning.

1. **Fire Access:** A site visit will be required by the Fire Marshal to determine if the property has adequate site access to meet standards for emergency services, and if driveways and bridges meet applicable codes.
2. **Environmental Planning (EP):** A site visit from Environmental Planning staff will be conducted to determine what resources may be affected and/or how the proposed scope of work needs to comply with applicable County Code sections related to resource and life safety protection (i.e. sensitive habitat, geologic hazards etc.).
3. **Environmental Health (EH):** The EH pre-clearance will verify permitted septic system and water source for the property. The clearance will determine the specific water and septic requirements for your proposed project. A site visit may be required by the Land Use Inspector to verify site conditions.
4. **Zoning:** The Zoning pre-clearance will evaluate the site plan for compliance with applicable zoning standards and identify any additional zoning clearance applications that may be required for the rebuild.

Application Instructions

1. Complete each Application Form in the attached Pre-Clearance Packet. Note that some repeat information is requested multiple times across each of the application forms. All information listed must be filled out on each of the four reviews applications.
 - a. Where "Applicant Information" is requested, note that this must be the same individual across all applications. The applicant listed will serve as the main point of contact for the Pre-Clearance Application.
2. Prepare a site plan, and gather any supplemental attachments required per the application forms attached. When you have a completed application, site plan with all required information, and all supplemental attachments, please email the full Pre-Clearance submittal RPC@santacruzcountyca.gov Upon receipt of the application, RPC staff will contact you via email with next steps and instructions for payment of fees due.

Questions? Contact the RPC!

We are here to help you through the rebuilding process. The RPC is open Monday-Friday, 8AM-5PM (closed from 12PM-1PM for lunch). Walk-in meetings are accepted, though appointments are encouraged and can be set up in person or via Microsoft Teams video call.

Please [click here](#) to schedule an appointment with the RPC, or give us a call at **(831) 454-5323**

RPC Staff are also available to answer questions via email. For inquiries regarding ARD2023 Storm Damage, please contact us at StormDamage@SantaCruzCountyca.gov



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PRE-CLEARANCE SITE PLAN REQUIREMENTS

Your application for four pre-clearances (Fire, Environmental Planning, Environmental Health, and Zoning) must include a site plan that indicates where the proposed rebuild will be located in relation to the existing features on the property. The pre-clearance identifies and helps resolve any issues regarding septic, water, fire access, and potential geologic hazards that are specific to your property. Site plan requirements are the same for each pre-clearance.

- Assessor's Parcel Number (APN).
- Name and Address of property owner.
- Indented use or purpose of work.
- Vicinity map.
- Scale of 1"=10 feet, 1"=20 feet, 1"=30 feet, 1/16"=1 foot, or other appropriate scale.
- North arrow.
- Percentage of lot coverage (existing and proposed).
- Zoning of property.
- Lot size in square feet.
- Entire property shown with dimensions of boundaries.
- Details of proposed structures, including retaining walls.
- Show the footprint of previously existing and proposed structures, with old uses noted.
- Topographic contours within 10' vicinity of improvements (buildings, swimming pools, driveways, septic tanks, etc.) Contour intervals of 2 feet. Call out any slopes greater than 30 percent in the area of the road/driveway and building site. If parcel is flat, label "parcel is flat". Topographic contour plan may be required to be prepared by a licensed land surveyor. For all structures proposed to be within two feet of the maximum permitted building height, roof plans that indicate existing and proposed pitch, slope direction, hips, valleys, and size and location of any mechanical equipment, vents, ducts, skylights, and chimneys must be shown on the site plan (or on a separate Roof Plan sheet). The roof plans *must* be overlaid on the topographic contours and include "spot elevations" of all roof corners and ridgeline elevations above the corresponding (natural grade) elevation contours. See building height handout: "[Measuring Height](#)".
- Existing and proposed floor area calculations shall be provided. Floor area calculations must be based upon the dimensioned floor plans. For projects that involve an addition, the existing floor area shall be outlined with a dashed line and the proposed addition shall be shaded. Areas proposed for demolition shall be hatched.
- Location of wells, springs, streams, drainageways, creeks, etc. on the property and the distance to proposed development and within 250 feet of the sewage disposal system and expansion area. Indicate if the well is a community or shared well.
- Location and design of proposed sewage disposal system.
- Location of 100-year flood plain elevation where appropriate.
- Location and volume of earthwork, including both cut and fill (more than 100 yards of earthwork and certain cuts and fills trigger a grading permit).
- Latitude and longitude of proposed structure.
- Building setbacks from all property lines, easements, rights of way, roads, driveways, and distances between all buildings.
- Location and width of all vehicular rights-of-way.
- Off street parking (8'-6" x 18'-0" minimum per space).
- Emergency vehicle turnaround and fire lane identification may be required.
- Existing curb, gutter, and sidewalk.
- Existing pavement width of street fronting the lot.



PRE-CLEARANCE (Fire) ATMOSPHERIC RIVER DISASTER ARD2023 STORMS



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FIRE PRE-CLEARANCE APPLICATION

To obtain a Fire Pre-Clearance, you will need to submit this form along with a site plan for your project proposal. A site visit will be required by the Fire Marshal to evaluate existing conditions and to determine whether fire access and safety improvements are required to meet minimum fire safety standards. See Fire Access Standards Handout for additional guidance and information regarding fire access and residential construction requirements.

1. SITE LOCATION

Address: _____ City: _____ State: _____ Zip Code: _____

Assessor's Parcel Number (APN): _____ Lot Size (in acres) _____

Fire District: _____

2. APPLICANT INFORMATION *Primary Contact. Complete this section if the contact person is someone other than the property owner (proposed temporary resident, contractor, architect, engineer)*

Applicant Name: _____

Primary Phone: () _____ Email: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

3. LEGAL OWNER INFORMATION *(Required)*

Owner Name: _____

Primary Phone: () _____ Email: _____

Owner Mailing Address: _____

City: _____ State: _____ Zip Code: _____

4. SIGNATURES

I certify that I have read this application and state that the above information is correct. I agree to comply with all district, county and state laws regulating to building construction, fire and life safety requirements and hereby authorize representatives of the Department/District to enter upon the above-mentioned property for inspection purposes.

Property Owner Name (Print)

Property Owner Signature

Date

Applicant (Print Name)

Applicant's Signature

Date



PRE-CLEARANCE (Environmental Planning) ATMOSPHERIC RIVER DISASTER ARD2023 STORMS



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ENVIRONMENTAL PLANNING (EP) PRE-CLEARANCE APPLICATION

1. SITE LOCATION

Address: _____ City: _____ State: _____ Zip Code: _____

Assessor's Parcel Number (APN): _____ Lot Size (in acres) _____

Check here if previous PGHC applications have been submitted or issued on this property.

2. APPLICANT INFORMATION *Primary Contact. Complete this section if the contact person is someone other than the property owner (proposed temporary resident, contractor, architect, engineer)*

Applicant Name: _____

Primary Phone: (_____) _____ Email: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

3. LEGAL OWNER INFORMATION *(Required)*

Owner Name: _____

Primary Phone: (_____) _____ Email: _____

Owner Mailing Address: _____

City: _____ State: _____ Zip Code: _____

4. DESIGN PROFESSIONAL *(Optional – if there is an additional design professional preparing documentation related to the Pre-Clearance, list contact information below)*

Contact Name: _____ License #: _____ Expires: _____

Address: _____ State: _____ Zip Code: _____

Primary Phone: (_____) _____ Email: _____

5. SIGNATURES

The undersigned property owner(s) hereby authorized the filing of this application and authorize staff to visit the subject property for purposes of reviewing this proposed project. I certify to the best of my ability that the approved and attached information is true and correct, and that I have read and understood the above information.

Property Owner Name (Print)

Property Owner Signature

Date

Applicant Name (Print)

Applicant Signature

Date



PRE-CLEARANCE (Environmental Health) ATMOSPHERIC RIVER DISASTER ARD2023 STORMS



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ENVIRONMENTAL HEALTH PRE-CLEARANCE APPLICATION

1. LEGAL OWNER INFORMATION *(Required)*

Owner Name: _____

Primary Phone: (_____) _____ Email: _____

Owner Mailing Address: _____

City: _____ State: _____ Zip Code: _____

2. APPLICANT INFORMATION *Primary Contact. Complete this section if the contact person is someone other than the property owner (proposed temporary resident, contractor, architect, engineer)*

Applicant Name: _____

Primary Phone: (_____) _____ Email: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

3. DESIGN PROFESSIONAL *(If there is an additional CA Licensed Engineer preparing documentation related to the Pre-Clearance, list contact information below)*

Name: _____ License #: _____ Expires: _____

Primary Phone: (_____) _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

4. REQUIRED ATTACHMENTS

- One Santa Cruz County Septic Tank Inspection Report completed and signed by Inspector within three years of the date of the application.
- Two copies of a plot plan with the sewage disposal system location and approximate dimension and setbacks to structures.
- Two copies of the floor plan of the structure(s) showing existing and proposed additions.

5. SYSTEM AND SITE DETAIL *(Completed by Applicant)*

When approved by an authorized Environmental Health Services Staff, this application shall be deemed an Evaluation of the on-site disposal system from Environmental Health Services for only the work described below and is not a "permit for development" as that term is used in the California Subdivision Map Act. This Evaluation is limited to the following checked statement and is not to be construed as a warranty of proper operation or future life expectancy of the system.

Lot Size (in acres): _____ APN: _____

Project Description: _____



PRE-CLEARANCE (Environmental Health) ATMOSPHERIC RIVER DISASTER ARD2023 STORMS



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Dwelling Type Served: (Check all that apply)

- Proposed addition/remodel
- Existing structure only
- Main House Second Unit Bonus Room

Existing # of Bedrooms: _____

Proposed # of Bedrooms: _____

List Number of Bedrooms for Each Unit Type Proposed:

of ADU bedrooms: _____ + # of SFD bedrooms: _____ = # of Total bedrooms: _____

- Accessory Structure (such as Garage, Office, Barn, Shop, Studio, Pool Cabana)
- Commercial / Industrial / Institutional:

Type of Business: _____ Peak Daily Flow: _____

List Number of People Using System: Existing: _____ Proposed: _____

Indicate the water source for the system:

- Public – Indicate Water Company/District: _____
- Private – Indicate On-Site Source: _____ Off-Site Source: _____

Describe the Location of Septic System on Site:

Septic Tank Capacity (in gallons): _____ Material: _____

Type Dispersal Field

Leach Line	Infiltrators	Shallow	Drip	Seepage Pit	Mount
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Number of Septic Systems on Site: _____ Distance to Well: _____

6. SIGNATURES

I certify under penalty of perjury that the foregoing information is true and correct and that the accompanying septic tank pumping inspection report is accurate for the subject sewage disposal.

Applicant Name (Print) Applicant Signature Date

Property Owner Name (Print) Property Owner Signature Date



PRE-CLEARANCE (Zoning) ATMOSPHERIC RIVER DISASTER ARD2023 STORMS



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ZONING PRE-CLEARANCE APPLICATION

7. PROJECT LOCATION

Address: _____ City: _____ State: _____ Zip Code: _____

Assessor's Parcel Number (APN): _____ Lot Size (in acres) _____

8. APPLICANT INFORMATION *Primary Contact. Complete this section if the contact person is someone other than the property owner (proposed temporary resident, contractor, architect, engineer)*

Applicant Name: _____

Primary Phone: (_____) _____ Email: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

9. LEGAL OWNER INFORMATION

Owner Name: _____

Primary Phone: (_____) _____ Email: _____

Owner Mailing Address: _____

City: _____ State: _____ Zip Code: _____

10. PROPERTY INFORMATION

Look Up Zoning Information [Here](#)

Find Parcel Information Reports [Here](#)

Zoning Designation: _____ General Plan Designation: _____

Is property within Coastal Zone: Yes No Unsure

Is property within FEMA Flood Zone (SFHA, 100-year Flood Plain): Yes No Unsure

Previous Planning or Building Permits (if any). List below, separated by commas for multiple permit numbers:

11. ATTACHMENTS

- One County of Santa Cruz Authorization to Access Confidential Files (for Assessor's Records), signed by property owner.



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12. SIGNATURES

The undersigned property owner(s) hereby authorized the filing of this application and authorize staff to visit the subject property for purposes of reviewing this proposed project. I certify to the best of my ability that the approved and attached information is true and correct, and that I have read and understood the above information.

Property Owner Name (Print)

Property Owner Signature

Date

Applicant Name (Print)

Applicant Signature

Date





County of Santa Cruz

SEAN SALDAVIA, ASSESSOR
701 OCEAN ST., Rm. 130, SANTA CRUZ, CA 95060
831) 454-2002 FAX: (831) 454-2495
www.co.santa-cruz.ca.us/asr

Sheri Thomas
Chief Deputy-Valuation
Claudia Cunha
Chief Deputy-Administration

AUTHORIZATION TO ACCESS CONFIDENTIAL FILES

I, _____, hereby authorize the Santa Cruz County

Assessor to allow _____ Access to any and all records in his/her possession, including the authority to obtain copies of any such documents, pertaining to the assessment of my property(ies), both real and/or personal, as follows: (identify by Assessor parcel number, account number or address).

I am aware that some of the documents in my file(s) may be classified as confidential or secret by one or more California statutes. Such documents may contain personal financial information regarding financing of real estate or business acquisitions and operations as well as income from investments. I hereby waive my rights of confidentiality under Sections 408, 451 and 481 of the Revenue and Taxation Code, as well as any other applicable statutes or administrative law. **Authorization is only valid for 30 days from the date of the owner's signature.**

Signature of Owner

Date

If owned by a legal entity, please print your name and title

Daytime phone

Address