San Bernardino County

Land Use Services Department, Planning Division
San Bernardino County Government Center
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San Bernardino Office – (909) 387-8311 High Desert Office – (760) 995-8140
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UNLICENSED RESIDENTIAL CARE FACILITY PERMIT FOR SIX OR FEWER DISABLED RESIDENTS

INFORMATION SHEET AND APPLICATION

Fees **$549.00**.

The Unlicensed Residential Care Facility Permit (RCP) procedure is intended to provide a less complex and streamlined review procedure for unlicensed residential care facilities serving six or fewer disabled residents. It is to be used where the Development Code Land Use Districts Land Use Tables indicate that these projects can be approved using the RCP process.

RCPs are considered by the Land Use Services Director using the Staff Review without Notice procedures. An appeal of a Director's decision on the application for an RCP must be filed within ten days following the date of the action. Appeals must be made by means of a separate application.

Please use this information sheet as a checklist to assemble the materials required for the submittal of your application and bring it with you when you submit it to the County. An appointment is not required to submit your application; however, appointments are available upon request. If you wish to schedule an appointment, please call one of the numbers listed above.

GENERAL PROCEDURES

1. Submit application and fees – County staff will use the checklist to determine whether your application may be accepted. The County's standard Land Use Application shall be used and is contained in this packet with some added questions for these uses.
2. Determination of Application Completeness – County staff will determine whether the materials you have submitted are adequate or if additional materials or reports are required. You will be notified in writing if any additional materials are required.
4. Application processing – The project planner will have the project and materials reviewed by all appropriate County Departments and Agencies. Any required corrections, questions or revisions to the plans or other materials will be reviewed by the project planner and then provided to you.

Note: Ordinance 4230 allows persons or firms, on behalf of persons with disabilities, to request **Reasonable Accommodation** from the Unlicensed Residential Care Facility Permit requirement and from other aspects of the Development Code. Refer to Chapter 84.31 of the Development Code for more information.

CHECKLIST OF SUBMITTAL MATERIALS

Please use this checklist as you assemble the materials for the submittal of your application. County staff will use the checklist to determine whether your application is acceptable for submission. **If your submittal package does not contain all of the information listed below, your application will not be taken in and receipted for processing.** If you have any questions about the items requested or if you wish to obtain information on processing schedules, please call the Customer Service Unit at (909) 387-8311 OR (760) 995-8140.

Section A – Fees $549.00.

Note: If your project is within a Geologic Hazard Overlay District, you will be required to pay the Building and Safety Division the review fees for any required geologic reports. You will be notified when you will need to complete this part of the process. The fee amount will be as established by the County Fee Ordinance.

Section B - County Documents

4. _____ **Two copies** of a completed Land Use Application Questionnaire.
Only two copies of the application are required for the initial filing of this application. Revisions may or may not be required. When Application Intake Center staff determines that the application is complete, you will be required to submit additional copies of the application. The specific number of copies to be submitted will be determined at that time.

Section C – Other Documents

5. _____ **Two copies** of a plot plan drawn at a scale to accurately delineate the proposed project as it is to be constructed. A conceptual plan is not acceptable. (Folded accordion style - 8" x 10 1/2" size.) (Refer to the Plot Plan Checklist for specific requirements.) Only two copies of the plot plan are required for the initial filing of this application. Revisions may or may not be required. When Application Intake Center staff determines that the plan is complete, you will be required to submit additional copies of the plot plan. The specific number of copies to be submitted will be determined at that time.
6. _____ **One copy** of the plot plan reduced to 11" X 17".
7. _____ **One copy** of the building diagram and floor plan. This diagram is intended to show all building(s) to be occupied, including a floor plan of all rooms intended for residents' use. It must identify the number of residents per bedroom and the location and the number of beds for all residents, including the location of beds for infants and other non-ambulatory persons. Any rooms identified as bedrooms must comply with CBC, and that room must be consistent with permitted floor plans on file with the County's Building and Safety Division.
8._____ **One copy** of a) the recorded Grant Deed or b) the Quit Claim Deed with the previous Grant Deed for each lot or parcel or c) a copy of a current Preliminary Title Report (issued within 60 days of filing).
9._____ **One certified copy each**, if applicable, of the Articles of Incorporation including the latest statement of officers; the partnership Papers (limited or general); or the recorded Fictitious Business Name Statement naming the owner(s) of the firm, if either the Grantor or Grantee are Corporations, Partnerships, or Fictitious Firms.
10. _____ **One copy** of the appropriate assessor's map. This may be obtained from the Assessor's Office.
11. _____ **One copy** of the United States Geological Survey (USGS) Map of the project area clearly showing project boundaries and labeled with the quadrangle map name and applicant's name. A legible photocopy is acceptable. The USGS map may be purchased at a local blueprint company.
12. _____ **One copy** of any letter or document received from the County or other agency regarding this project.
13. _____ Original color photos of the project site from various angles (digital photos on a disk/CD are preferred).
14. _____ **One copy** of the signed Performance Standards sheet contained in the application packet certifying the applicant has read and understands the performance standards and the proposed use meets all of these standards.
15. _____ **One copy** of the Good Neighbor Policy and the House Rules for the home. See Handout relative to suggested examples for these documents.
16. _____ **One copy** of Route Map (for Transit Purposes): The Route Map is intended to show transit and travel routes that will be used to transport clients off-site, showing destinations of travel and approximate times of departure and return.
17. _____ **One copy** of Disposal Plan for Medical and/or Bio-Waste**:** Applicants who will be disposing medical waste or other bio-waste must provide a Disposal Plan showing how and where these wastes are disposed of.
18. _____ **One copy** of a list of facility staffing data**:** A list identifying all facility personnel, including back-up persons and volunteers providing services.
19. _____ **One copy** of a list of Weekly Activities Schedule**:** Provide a list indicating the weekly schedule for specific activities at the property.

20. _____ **One copy** of approved Fire Clearance**:** This clearance must be obtained prior to final occupancy.
21. _____ **One copy** of a list of other facilities operated by the company or firm**:** Provide a list indicating type and location of all a list of other residential care facilities operated by this company or firm.
22. _____ **One copy** of other facilities not operated by the company or firm**:** Provide a list indicating type and location of all other residential care facilities within two miles not operated by this company or firm.

Section D – Additional Materials

23. _____ Technical studies for traffic, drainage, noise, air quality, biotic resources, archeological resources, groundwater resources, hazardous materials, or other issues may be required to process your application. You will be notified if any additional materials will be required for the application.

Section E – Plot Plan: Use the following checklist to be sure that your plans include all of the required elements. The plot plan is a drawing, to scale, on one sheet of paper (minimum size of 18" x 24") of the entire land parcel showing buildings, improvements, other physical features and all dimensions. Remember that the staff and Planning Commission are not familiar with the property and will need this information to evaluate your project. **If the plans are not legible or do not contain the information listed below, your application will be returned.**

1. _____ Official Stamp Area and Plan Identification: A 4 inch by 14 inch area in the upper right hand side of the plot plan shall be left blank and labeled "Official Use Only". The lower right hand corner of the plan shall contain the following information in this order: a) Assessor's Parcel Number(s) (APN:); b) application type and proposed land use/building size "CUP for ____" c) the names, addresses and telephone numbers of the applicant, representative, recorded Property Owner(s) (if different from applicant), and plan preparer and d) plot plan preparation date and any revision date.
2. _____ Utilities: Indicate names, address and telephone numbers of water company, sewage disposal, electric, gas, telephone, cable television. If no utility company, indicate method of supply.
3. _____ Legal Description: Complete legal description of the property including number of acres. Include APN. If a portion of a large parcel is being developed, include a detailed description of that portion.
4. _____ North Arrow: Indicate north (pointing to top or right hand side of the plan), date of drawing and the scale. Use an Engineer's Scale (1'' to 10', 1'' to 20', etc.)
5. _____ Dimensions: Show all property lines and dimensions. Also, show boundary lines of project with dimensions if only a portion of the property is being developed.
6. _____ Roads/Easements: Indicate location, names, centerline, widths of boundary streets, and recorded road, utility, and drainage easements on the property. If none exist, indicate by a note that no easements exist. If property is not on a road or easement, show access to property.
7. _____ Drainage: Indicate any drainage or hilly terrain by flow-line arrows and contour lines. If none exist, indicate by a note that no hilly terrain or drainage problems exist.
8. _____ Grading/Topographic Information:
   - _____ Show existing rough grade contours and finish contours.
   - _____ Show finish elevations at lot corners and graded areas. Show typical lot drainage and swales.
   - _____ Show finish grades for all structures, pads and parking surfaces.
   - _____ If no grading is proposed, state " No grading proposed."
   - _____ Show location, size and height of any existing or proposed retaining walls.
9. _____ Land Use District: Indicate existing and proposed General Plan Land Use District for project and all adjacent property including across any streets. If in a County, list the County and County Zoning.
10. _____ Structures/Land Use (Adjacent Areas): Indicate the existing land use, including "Vacant" or "citrus grove," of structures on all adjacent property including areas across any adjacent streets. Indicate distance to any structure that is within 20 feet of the project property line.
11. _____ Structures (Project Area):. Indicate with dimensions all existing and proposed structures, including but not limited to power poles, towers, fences, trash enclosures, signs, septic systems, curbs, driveways, and sidewalks: Indicate type of constructions and approximate age of any existing/proposed structures
    - _____ Locate by distance in relation to other structures and property lines.
    - _____ Indicate existing structures that are to remain or to be removed.
    - _____ Indicate the specific use of all existing and proposed structures.
    - _____ Indicate height, building footprint dimensions, including eave overhang projections, square footage of each story and number of stories including basements.
    - _____ Show location and height of any non-retaining wall.
12. _____ Vicinity Map: Indicate project location within a general vicinity map with a north arrow. Indicate nearest cross streets, major access roads and community name. Show location of similar facilities within a three-block radius of the proposed use.

13. _____ Parking: [Refer to the County Development Code or the Administrative Guidelines for details.] Show all parking areas with dimensions, number/type of spaces, and surfacing materials.

14. _____ Lot Coverage: Show percentages of parcel covered by buildings, paving, landscaping, and open space.
15. _____ Plant and Tree Protection: If no protected or endangered trees exist on the site state "No Protected Plants", otherwise show the location, size, and type of all native trees, including unbranched cacti, yuccas, palms and joshuas, and indicate whether any of the following trees are to be removed:

    Valley or Mountain Areas – Six inches or greater in diameter or 19 inches in circumference measured at 4.5 feet above average ground level of the base.

    Desert Areas – All Joshua trees and all species of century plants, nolinas and yuccas. Creosote rings that are 10 feet or greater in diameter. For smoketrees and mesquites, two (2) inches or greater in diameter or six (6) feet or greater in height. All plants protected by the State Desert Native Plants Act shall be protected in accordance with that ordinance.
16. _____ Landscaping: Show areas to be landscaped.
17. _____ Lighting: Show location of outdoor lighting. In a note, indicate the type of lighting and planned shielding design.

Performance Standards

(Development Code Section 84.32.030)

To issue an Unlicensed Residential Care Facility Permit, a finding must be made that the use will adhere to the following standards:

(a) Each unlicensed residential care facility shall conform to the property development standards for the land use zoning district in which it is located.

(b) No more than two unlicensed residential care facilities shall be located on the same block within a Single Residential (RS) Land Use Zoning District. Additional facilities may be sited within said block through the reasonable accommodation process. In no case shall the County require a facility to be sited more than 300 feet from a preexisting facility, based solely on a separation requirement through the reasonable accommodation process. A “block” is defined in Subsection 810.01.040(j) of this Title.

(c) The operator of the facility shall maintain the residential character of the facility, including the building façade, fences, walls and landscaping. All trash and food items shall be promptly and properly contained within closed containers, pending weekly trash collection. The operator shall ensure that adequate containers are provided for the facility, and the containers shall be stored in an area screened from public view.

(d) The facility shall comply with all laws, rules and regulations that apply to its operation, including any building and fire codes. Compliance with all rules and regulations may be verified by an inspection conducted by a code enforcement officer, building inspector, and/or fire inspector, prior to the issuance of any Unlicensed Residential Care Facility Permit.

(e) The property shall comply with all applicable disabled access regulations that are required by the California Building Code and the Americans with Disabilities Act.

(f) There shall be no more than six residents, not counting a house manager.

(g) The facility shall have one qualified house manager who is present to supervise residents at the facility and who is responsible for its day-to-day operations.

(h) No persons who have been adjudicated a juvenile delinquent, have a criminal record or are required to register as sex registrants under Penal Code Section 290 shall be considered disabled nor reside in the residential care facility based solely on this status. No sex offender shall reside in a residential care facility in violation of the distance requirements set forth in Welfare and Institutions Code section 6608.5 (f) or Penal Code section 3003 (g). No persons who currently illegally use or are addicted to a controlled substance (as defined in section 102 of the Controlled Substances Act) or have been convicted of a crime for the illegal manufacture, sale, or distribution of a controlled substance, or persons with or without disabilities who present a direct threat to the persons or property of others shall reside in a residential care facility.

(i) Parking shall be provided on-site to meet the occupancy of each facility at a ratio of not less than one parking space for each bedroom in compliance with Section 83.11.040 (Number of Parking Spaces Required). Parking spaces may include garage, carport, and driveway spaces, and may allow for tandem parking. In the Mountain Region, no overnight on-street parking shall be allowed, except where the street is paved to the full width of the ultimate right-of-way. This provision shall not exempt the residents or the manager from compliance with Section 53.0303 regarding parking in snow areas.

(j) The facility shall not provide any treatment that would require a state license.

(k) The noise level at the facility shall be maintained at or below County Standards, as detailed in Section 83.01.080.

(l) The facility shall have a written "good neighbor policy" that directs residents to be considerate of neighbors, including refraining from engaging in excessively loud behavior or in any activity that would violate any of the standards contained in the section that would interfere with the neighbors' enjoyment of their properties. The good neighbor policy shall establish a written protocol for the house manager to follow when a neighbor complaint is received.

(m) All sober living facilities must prepare and post in a common area within the facility "House Rules" to which all residents must adhere. These rules shall include, but are not limited to, the following:

(1) Resident participation in recovery programs, such as, Alcoholics Anonymous, Narcotics Anonymous, or 12-Step Recovery.

(2) A prohibition of the possession, use, sale or distribution of any alcohol or any non-prescription controlled substances by any resident either on or off site.

(3) A prohibition of visitors who possess, or who are under the influence of any, alcohol or any non-prescription controlled substances.

(4) A prohibition of any activity that would result in a direct threat to the health and safety of other individuals or substantial physical damage to the property of others.

(n) The operator of the facility shall be responsible for updating any information required by the permit issued pursuant to Chapter 85.20 of this Title as soon as practical.

The applicant certifies that he/she has read the above standards and that the project complies with the all.

_____ _____

Applicant's Signature Date

Required Findings

[Development Code Section 85.20.030(h)]

Before granting an application for an Unlicensed Residential Care Facilities Permit, the review authority shall make the following findings:

(1) The project complies with all applicable requirements and performance standards identified in this Development Code.

(2) There is supporting infrastructure, existing or available, consistent with the intensity of development, to accommodate the proposed development without significantly lowering service levels.

(3) The proposed use and manner of development are in compliance with the goals, maps, policies, and standards of the General Plan, and any applicable community plan or specific plan.

(4) The proposed unlicensed Residential Care Facility and manner of development are exempt from the California Environmental Quality Act (CEQA).

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LAND USE APPLICATION QUESTIONNAIRE
PERMIT FOR AN UNLICENSED RESIDENTIAL CARE FACILITY
FOR SIX FOR FEWER DISABLED RESIDENTS

Complete all sections of this application. Please refer to the checklist contained in the information packet for complete information on submittal requirements. If you believe an item does not apply to your project, mark it "N/A". Do not leave any blank spaces. If you have any questions about items requested on this form, please call the Customer Service Unit at (909) 387-8311. **Please use no more than four lines to answer any question. If more space is needed, use Attachment A on page 5 of this application questionnaire.**

APPLICATION TYPE: Unlicensed Residential Care Facility Permit

All Assessor's Parcel Numbers (APNs): _____

Section 1 - Applicant Data

Applicant Name: _____
Firm Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____ FAX No.: _____ E-Mail: _____

Section 2 – Property Owner Data (If same as above check ☐)

Property owner(s) of record: _____
Firm Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____ FAX No.: _____ E-Mail: _____

Section 3 – Representative Data (If same as above check ☐)

Representative's Name: _____
Firm Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____ FAX No.: _____ E-Mail: _____

Section 4 – Manager Data (If same as above check ☐)

Manager's Name: _____
Firm Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____ FAX No.: _____ E-Mail: _____

To be completed by County Staff: Filing Date: _____ Project No.: _____ JCS Project No.: _____

Section 5 – Twenty-four Hour Contact Person Data (If same as above check ☐)

Representative's Name: _____

Firm Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ FAX No.: _____ E-Mail: _____

Section 6 – Project Description and Location/Legal Data

Briefly describe the project and use:

_____

Land Use District: _____

Overlay Districts: _____

Legal Description: Township: _____ Range: _____ Section: _____

USGS Quad Name: _____

Location: Community: _____ Nearest cross street: _____

Street name: _____ Side of street: _____

Site Size (Gross acres or square footage): _____ Number of lots: _____

Site Address: _____

Proposed Development Area: _____

Size of Proposed Buildings: _____

Previously approved land use applications for this site: _____

Are you filing other land use applications for this site at this time? Yes ☐ No ☐

If yes, please list other application types _____

UTILITIES:

Water: _____
(Name of Provider)

Is the site presently served? Yes ☐ No ☐

If an extension is necessary, how long will it be? _____

Are any existing or proposed wells within 200 feet from any existing or proposed liquid waste disposal system?

Yes ☐ No ☐ If yes, attach an explanation

If this is a Tentative Map application, how many service connections have already been made to the existing water system?

_____

Sewage Disposal: Septic? Yes ☐ No ☐

Sewer : _____
(Name of Provider)

Is the site presently served? Yes ☐ No ☐

If an extension is necessary, how long will it be? _____

If septic system/leach lines are proposed or existing, attach information showing proposed or existing location and how the size of the sewage disposal area was determined

Gas: _____
(Name of Provider)

Is the site presently served? Yes ☐ No ☐

If an extension is necessary, how long will it be? _____

Electricity: _____
(Name of Provider)

Is the site presently served? Yes ☐ No ☐

If an extension is necessary, how long will it be? _____

Phone: _____
(Name of Provider)

Is the site presently served? Yes ☐ No ☐

If an extension is necessary, how long will it be? _____

Cable TV: _____
(Name of Provider)

Is the site presently served? Yes ☐ No ☐

If an extension is necessary, how long will it be? _____

Section 7 – Unlicensed Residential Care Facility Operations

1. **Your Firm's Historic Uses**: **In the past five years**, have you or your firm or any entity or person affiliated with you or your firm operated, managed, or owned other residential care facilities in California? Yes ☐ No ☐

   If yes, on a separate sheet of paper show the site address(es) of each facility(ies) and show whether the facility(ies) have ever been in violation of federal, state or local laws.

2. **License and Permit History of Applicant**:

   A. Please summarize the license and permit history of each facility applicant or operator has managed, owned, or operated in the State of California within the last five (5) years which require either a license or a permit by the State or by a locality (attach additional sheets if necessary):

   _____
   Name of Facility

   _____
   (Facility Address) (County) (Zip)

   Please describe the nature of the license or use permit, the issuing agency, its reference number (if applicable), and any enforcement actions by any agency against the license or use permit (use attachment if necessary):

   _____

B. Has the applicant ever voluntarily surrendered, had a denial, suspension, or revocation of a residential license for an alcoholism or drug abuse recovery or treatment facility or a facility licensed by the California Department of Alcohol and Drug Programs (ADP) or the California Department of Health Care Services?
Yes ☐ No ☐

If yes, the date license was surrendered, denied, suspended, or revoked: _____

Reason for revocation, surrender, denial, or suspension: _____

_____

C. Has the applicant ever voluntarily surrendered, had a denial, suspension, or revocation of a Use Permit or similar permit for a group residential use in this community or another community? Yes ☐ No ☐

If yes, the date the Use Permit (or similar) was surrendered, denied, suspended, or revoked: _____

Reason for revocation, surrender, denial, or suspension: _____

_____

D. Has the applicant ever voluntarily surrendered, had a denial, suspension or revocation of a certification by any public or private agency other than ADP or the California Department of Health Care Services for a group residential use in this community or another community? Yes ☐ No ☐

If yes, the date the Use Permit (or similar) was surrendered, denied, suspended, or revoked: _____

Reason for revocation, surrender, denial, or suspension: _____

_____

3. Nature and Characteristics of Proposed Use:

Please provide the following information about each proposed facility (attach additional sheets if necessary). The components of this section (and other sections) comprise the *Operations and Management Plan* and *Rules of Conduct*:

A. Type Services Provided:

_____

B. Numbers and Types of Facility Users & Staff:

Maximum Occupancy of Facility Allowed per the California Building Code. (This is the maximum number of individuals who may live at the facility and are approved by the fire safety inspector.)

_____

Maximum Requested Adult Resident Capacity of the Facility (The number of adult residents that receive recovery services at any one time, which cannot be greater than six, not counting the house manager.

_____

Are all clients who reside on-site disabled persons? _____

Number of staff who will reside on-site: _____

Maximum number of staff who will provide services during any one week to clients at the facility? _____

Total number of employees of provider: _____

Please characterize the nature of staff services to the facility (i.e., nutritionists, massage therapists, counselors, maids, cooks, etc.):

_____

Maximum number of clients who will use the facility on any one day but reside elsewhere: _____

Maximum number of client visitors who will visit the facility during any one week: _____

Maximum number of others who will visit the facility during any one week:: _____
Please explain:

_____

C. Duration of Typical Client Stay in Facility (in days): _____

If you wish, please explain:

_____

D. Is the Facility Accessible to Individuals in Wheelchairs or Other Nonambulatory Conditions?
Yes ☐ No ☐

NOTE: The Americans with Disabilities Act of 1990 (ADA) is a comprehensive federal anti-discrimination law for people with disabilities. The County reminds all providers of residential recovery facilities that discrimination against persons with disabilities is prohibited. Please contact Building and Safety Division (909) 387-4111 for specific ADA requirements that may apply to your facility.

E. Activity Information

Hours which facility will be in use:

☐ 24/7 ☐ Other (please describe) _____

Will there be a curfew? If so, please note quiet hours:

☐ 10 p.m. – 8 a.m. ☐ Other (please describe) _____

Besides household activities, what types of care-related activities will occur on-site, and how many residents and non-residents (including staff and clients from other facilities) will attend?

_____

☐ "AA"-type meetings ☐ Physical Fitness (gym, yoga, etc.)

☐ Meal preparation/delivery ☐ Other wellness (massage, etc.)

☐ Oher: _____

F. Delivery Information:

What types of deliveries will occur at the facility and how often (per day or per week – circle whichever is applicable) will they occur?

☐ Laundry Services: _____/day or week ☐ Trash disposal or recycling: _____/day or week

☐ Meals: _____/day or week ☐ Business products: _____/day or week

☐ Correspondence, packages (other than USPS): _____/day or week

☐ Medical Products/Medical Waste Pickup: _____/day or week

☐ Other: _____ _____/day or week

G. Transportation and Parking:

Will clients residing on-site be allowed to use personal vehicles and/or keep them on-site or nearby?
Yes ☐ No ☐

If Yes, describe where clients will park personal vehicles (garage, carport, on-street location, other – if on-street, be specific about which streets)

_____

If No, describe other modes of transportation that clients will use (bus, other transit, bicycle, other).

_____

Please provide a **Route Map** showing transit and travel routes that will be used to transport clients off-site, showing destinations of travel and approximate times of departure and return.

Will staff serving the facility be allowed to drive personal vehicles to the site?
Yes ☐ No ☐

If Yes, describe where staff will park personal vehicles (garage, carport, on-street location, other – if on-street, be specific about which streets)

_____

H. Medical and Bio-Waste

The disposal of certain medical waste or bio-waste is prohibited into the County's refuse disposal system. Syringes, needles, urinalysis cups, and other waste must be disposed in accordance with the state and local applicable laws. If you are uncertain as to what wastes can be disposed of in the County's disposal system, contact the County's Environmental Health Services Division of the Public Health Department at (800) 442-2283.

Applicants who will be disposing medical waste or other bio-waste must provide a Disposal Plan for Medical and Bio-Waste showing how and where these wastes are disposed.

APPLICATION CERTIFICATE

ALL OWNERS OF RECORD MUST SIGN THIS CERTIFICATE: (Attach it to the application)

List Assessor's Parcel Number(s) of the project property:

_____

List Assessor's Parcel Number(s) of all property contiguous to the project property, which is owned or beneficially controlled by the individual(s) signing this Certificate: : If there are no contiguous properties under the same ownership, STATE "NONE"—***do not leave blank***.

_____

The undersigned owner(s) or officer(s) in the organization owning the lands for which this application is made, states that he/she or the organization is aware that the application is being filed with the San Bernardino County Planning Division, and certifies under penalty of perjury that the County applications forms have not been altered and that the information contained in this application is true and correct. I (We) acknowledge that additional materials may be necessary to provide to the Planning Division once the preliminary review of the specifics of the project has been initiated.

I (We) further agree that if any information contained in this application proves to be false or incorrect, the County of San Bernardino and any special purpose or taxing district affected thereby are and shall be released from any liability incurred if a certificate of compliance is or has been issued on basis of this application. I understand that under such circumstances any such certificate shall be null and void and shall be returned to the County for cancellation.

If this is an actual cost application, the applicant agrees to pay all accumulated charges for this project. For any type of application, the applicant also agrees to defend, indemnify and hold harmless the County, its agents, officers and employees from any claim, action or proceeding attacking or seeking to set aside, void or annul the approval of all or part of the matters applied for, or any other claim, action or proceeding relating to or arising out of such approval. This requirement includes the obligation to reimburse the County, its agents, officers and employees for any court costs or attorney fees which the County, its agents, officers or employees are required by a court to pay as a result of such claim, action or proceeding. The County agrees to notify the applicant of any such claim, action or proceeding promptly after the County becomes aware of it. The County agrees to cooperate in the defense provided by the applicant. The County may, at its own expense, participate in the defense of the claim, action or proceeding, but such participation will not relieve the applicant of applicant's defense and indemnification obligations.

Any persons signing with Power of Attorney for others must print the names of those individuals in the signature block and attach a notarized copy of the Power of attorney.

(Print) (APPLICANT OR LEGAL AGENT)	Signature	Date
REGISTRATION NO. (IF R.C.E. OR LICENSED LAND SURVEYOR)		
(Print) (OWNER(S) OF RECORD)*	Signature	Date
(Print) (OWNER(S) OF RECORD)*	Signature	Date
(Print) (OWNER(S) OF RECORD)*	Signature	Date

*If property is owned by corporation, partnership or other group, signee should indicate corporate position or title and submit substantiating documentation (e.g. incorporation certificate).