


Project Referral Form

	<p>PLACER COUNTY AIRPORT LAND USE COMMISSION</p>	<p>PROJECT APPLICATION FOR LAND USE ACTION REVIEW</p>	<p>ALUC Identification No. _____</p>
PROJECT PROPONENT (TO BE COMPLETED BY APPLICANT)			
<p>Date of Application _____</p> <p>Applicant _____ Phone Number _____</p> <p>Mailing Address _____</p> <p>_____</p>			
<p>Agent (if any) _____ Phone Number _____</p> <p>Mailing Address _____</p> <p>_____</p>			
PROJECT LOCATION (TO BE COMPLETED BY APPLICANT)			
<p><i>Attach an accurately scaled map showing the relationship of the project site to the airport boundary and runways</i></p>			
<p>Street Address _____</p> <p>_____</p>			
<p>Assessor's Parcel No. _____ Parcel Size _____</p> <p>Subdivision Name _____ Zoning _____</p> <p>Lot Number _____ Classification _____</p>			
PROJECT DESCRIPTION (TO BE COMPLETED BY APPLICANT)			
<p><i>If applicable, attach a detailed site plan showing ground elevations, the location of structures, open spaces and water bodies, and the heights of structures and trees; include additional project description data as needed</i></p>			
<p>Existing Land Use _____</p> <p>(describe) _____</p> <p>_____</p>			
<p>Proposed Land Use _____</p> <p>(describe) _____</p> <p>_____</p>			
<p>For Residential Uses Number of Parcels or Units on Site (exclude secondary units) _____</p> <p>For Other Land Uses Hours of Use _____</p> <p>Number of People Maximum Number _____</p> <p>On Site... Method of Calculation _____</p>			
<p>Height Data Height above Ground of Tallest Object (including antennas and trees) _____ ft.</p> <p>Highest Elevation (above sea level) of Any Object or Terrain on Site _____ ft.</p>			
<p>Flight Hazards Does the Project Involve Characteristics that:</p> <p>▪ Could Create Electrical Interference, Confusing Lights, Glare, Smoke, or Other Electrical or Visual Hazards to Aircraft Flight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>▪ Could Attract Birds or Other Wildlife to the Airport or Vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Describe _____</p> <p>_____</p>			

REFERRING AGENCY (TO BE COMPLETED BY SUBMITTING AGENCY STAFF)	
Date Received _____	Type of Project
Agency Name _____	<input type="checkbox"/> General Plan Amendment
Staff Contact _____	<input type="checkbox"/> Zoning Amendment or Variance
Phone Number _____	<input type="checkbox"/> Subdivision Approval
Agency's Project No. _____	<input type="checkbox"/> Use Permit
	<input type="checkbox"/> Public Facility
	<input type="checkbox"/> Other _____
Placer County Inter-Agency Coordination: Indicate neighboring agencies that have been notified of project.	
<input type="checkbox"/> County of Placer	<input type="checkbox"/> City of Auburn
	<input type="checkbox"/> City of Lincoln
	<input type="checkbox"/> Other _____
ALUC REVIEW (TO BE COMPLETED BY ALUC STAFF / ATTACH ADDITIONAL PAGES IF NECESSARY)	
Application _____	Date Received _____
Receipt _____	By _____
	Is Application Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, cite reasons _____	
Airport <input type="checkbox"/>	<input type="checkbox"/> Auburn Municipal
	<input type="checkbox"/> Blue Canyon
	<input type="checkbox"/> Lincoln Regional
Land Use Category/Categories _____	
Noise Compatibility	Exterior Noise Exposure (CNEL) <input type="checkbox"/> ≤ 55 <input type="checkbox"/> 55 - 60 <input type="checkbox"/> 60 - 65 <input type="checkbox"/> 65 - 70 <input type="checkbox"/> ≥ 70
	Land Use Acceptability <input type="checkbox"/> Normally Compatible <input type="checkbox"/> Conditional <input type="checkbox"/> Incompatible
	Applicable Conditions Met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Compatibility	Safety Zone <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> None
	Land Use Acceptability <input type="checkbox"/> Normally Compatible <input type="checkbox"/> Conditional <input type="checkbox"/> Incompatible
	Sitewide Avg. Density/Intensity Criteria Met? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Single-Acre Density/Intensity Criteria Met? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Applicable Conditions Met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Airspace Protection	Height Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Compatibility	FAA Notified if Applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Hazards to Flight Excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Requirements	Easement/Deed Notice Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Executed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Site/Project	Infill Parcel? <input type="checkbox"/> Yes <input type="checkbox"/> No
Conditions	Other (describe) _____
ACTIONS TAKEN (TO BE COMPLETED BY ALUC STAFF)	
ALUC Staff	<input type="checkbox"/> Approve as Submitted
Action	<input type="checkbox"/> Refer to ALUC <input type="checkbox"/> Include Conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date _____
	Conditions: _____

ALUC	<input type="checkbox"/> Consistent
Action	<input type="checkbox"/> Consistent with Conditions (list conditions / attach additional pages if needed)

	<input type="checkbox"/> Inconsistent (list reasons / attach additional pages if needed)

