

PRE-CLEARANCE CZU LIGHTNING FIRE COMPLEX



Phone 831-454-5323

Email for CZU: RPC@santacruzcountyca.gov

What is Pre-Clearance?

Pre-Clearance is the required first step towards the rebuild of habitable structures lost in the CZU Fire. 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, Geologic Hazards, 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. **Geologic Hazards:** The Geologic Hazards pre-clearance is a pre-application evaluation of potential geologic hazards that may affect the rebuild proposal. Any reports required by the pre-clearance must be reviewed and accepted by County staff prior to issuance of the Geologic Hazard clearance to apply for a building permit.
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 to 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 CZU Fire inquiries, please contact us at **RPC@santacruzcountyca.gov**



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PRE-CLEARANCE SITE PLAN REQUIREMENTS

Your application for four pre-clearances (Fire, Geologic Hazards, 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, zoning 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.
- 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.
- Zoning of property.
- Lot size in square feet.
- Entire property shown with dimensions of boundaries.
- Details of the proposed single-family dwelling including:
 - square footages,
 - bedroom and bathroom count,
 - detached or attached garage,
 - attached or detached retaining walls, and
 - any additional attached or detached structures with pertinent build details (ie, ADU, JADU, workshop)
- 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. See building height handout: "[Measuring Height](#)".
- Location of wells, springs, streams, drainage ways, 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 area reserved for 100 percent expansion of leaching area meeting above
- requirements.
- 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 habitable structure(s).
- 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.





COUNTY OF SANTA CRUZ
RECOVERY PERMIT CENTER

Email for CZU: RPC@santacruzcountyca.gov

Provide a complete description outlining the details for the scope of work for the proposed project. Be sure to include total square footages of proposed structures including the home, attached garage (if applicable), as well as any covered/uncovered decks, accessory structures (including detached garages). List total bedroom & bathroom count. If any ADU or JADU is proposed, list the square footage and proposed bedroom & bathroom count for each.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

PRE-CLEARANCE (Fire) CZU LIGHTNING FIRE COMPLEX



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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

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 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 (Print Name)

Property Owner Signature

Date

Applicant (Print Name)

Applicant's Signature

Date



PRE-CLEARANCE (Geologic Hazards) CZU LIGHTNING FIRE COMPLEX



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PERMANENT GEOLOGIC HAZARD PRE-CLEARANCE (PGHC) 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

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: _____

ORIGINAL AND REPLACEMENT STRUCTURE ATTRIBUTES

Habitable structures only – coordinates to be taken at estimated center of structure location. Structures must be labeled with corresponding building numbers on site plan (see section 6). See PGHC Instructional Brochure for information regarding in-kind replacement criteria. Example: Lat/Long 37.12345

BUILDING NO.	ORIGINAL			PROPOSED STRUCTURES			Intended In-Kind Replacement
	Size (sq. ft.)	Latitude	Longitude	Size (sq. ft.)	Latitude	Longitude	
1							
2							
3							
4							



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5. PROJECT COMPONENTS

Please check all features to be included in project scope; see PGHC Instructional Brochure for details and definitions:

- ☐ Grading activities which require a permit pursuant to Chapter 16.20.050 SCCC;
- ☐ Construction of a new access road;
- ☐ Retaining walls which require a building permit or a part of a landslide repair;
- ☐ Installation of a septic system.

6. SITE PLAN ☐ Check box to confirm site plan is attached.

Requests for permanent geologic hazard clearance must be accompanied by the same site plan submitted for each pre-clearance application. Changes to the site plan will require submission of a new PGHC application.

Name of Site Plan Preparer: _____

Date of Site Plan Preparation: _____

7. ATTACHMENTS (OPTIONAL)

Check applicable boxes if additional information is supplied by the applicant. For report updates or professional correspondence, cite the title, author, and date of materials in "Section 8: Notes to Reviewer", below.

- ☐ Geologic Report Update (cite report in Section 8: Notes to Reviewer)
- ☐ Licensed Professional Correspondence
- ☐ Other: _____

8. 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 (Print Name)

Property Owner Signature

Date

Applicant Name (Print Name)

Applicant Signature

Date



PRE-CLEARANCE (Environmental Health) CZU LIGHTNING FIRE COMPLEX



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ENVIRONMENTAL HEALTH PRE-CLEARANCE APPLICATION

1. 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: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

2. LEGAL OWNER INFORMATION

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. OPTIONAL 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: _____



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Dwelling Type Served: (Check all that apply)

- ☐ Main Dwelling
- ☐ 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: _____

Number of People Using System --- Prior to fire: _____ 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: (Ex: 15 ft. North-east from driveway)

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

Type Dispersal Field:

- ☐ Leach Line ☐ Infiltrators ☐ Shallow ☐ Drip ☐ Seepage Pit ☐ Mount

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.

Property Owner (Print Name)

Property Owner Signature

Date

Applicant (Print Name)

Applicant Signature

Date



PRE-CLEARANCE (Zoning) CZU LIGHTNING FIRE COMPLEX



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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. ATTACHMENTS

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

11. 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 (Print Name)

Property Owner Signature

Date

Applicant (Print Name)

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 Recovery Permit Center 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