

APPENDIX E

Project Referral Form

APPLICATION FOR MAJOR LAND USE ACTION REVIEW RIVERSIDE COUNTY AIRPORT LAND USE COMMISSION		ALUC Identification No. _____
PROJECT PROPONENT (TO BE COMPLETED BY APPLICANT)		
Date of Application _____	Phone Number _____	
Property Owner _____	Mailing Address _____	
Agent (if any) _____	Phone Number _____	
Mailing Address _____		
PROJECT LOCATION (TO BE COMPLETED BY APPLICANT)		
<i>Attach an accurately scaled map showing the relationship of the project site to the airport boundary and runways</i>		
Street Address _____		
Assessor's Parcel No. _____	Parcel Size _____	
Subdivision Name _____	Zoning _____	
Lot Number _____	Classification _____	
PROJECT DESCRIPTION (TO BE COMPLETED BY APPLICANT)		
<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>		
Existing Land Use (describe) _____		
Proposed Land Use (describe) _____		
For Residential Uses	Number of Parcels or Units on Site (exclude secondary units) _____	
For Other Land Uses	Hours of Use _____	
(See Appendix C)	Number of People on Site	Maximum Number _____
Method of Calculation _____		
Height Data	Height above Ground or Tallest Object (including antennas and trees) _____	ft.
Highest Elevation (above sea level) of Any Object or Terrain on Site _____		ft.
Flight Hazards	Does the project involve any characteristics which 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	
If yes, describe _____		

REFERRING AGENCY (TO BE COMPLETED BY 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 _____
ALUC REVIEW (TO BE COMPLETED BY ALUC EXECUTIVE DIRECTOR)	
Application Receipt	Date Received _____ By _____
	Is Application Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If No, cite reasons _____
Airport(s) Nearby	_____
Primary Criteria Review	Compatibility Zone(s) <input type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Ht.
	Allowable (not prohibited) Use? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Density/Intensity Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Open Land Requirement Met? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Height Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Easement/Deed Notice Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Special Conditions	Describe: _____

Supplemental Criteria Review	Noise _____
	Safety _____

	Airspace Protection _____
	Overflight _____

ACTIONS TAKEN (TO BE COMPLETED BY ALUC EXECUTIVE DIRECTOR)	
ALUC Executive Director's Action	<input type="checkbox"/> Approve Date _____
	<input type="checkbox"/> Refer to ALUC
ALUC Action	<input type="checkbox"/> Consistent Date _____
	<input type="checkbox"/> Consistent with Conditions (list conditions/attach additional pages if needed)

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

April 2005	