

TEHAMA COUNTY PLANNING DEPARTMENT

Kristen Maze—Director of Planning

444 Oak Street, Room "I", Courthouse Annex Second Floor
Red Bluff, California 96080

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TIER 1 CERTIFICATE OF COMPLIANCE



INSTRUCTIONS FOR FILING A CERTIFICATE OF COMPLIANCE

Instructions:

Please complete the attached application and return it to the Tehama County Planning Department along with: **Application Fee: \$121.00**

Certificate of Compliance Tier 1 Requirement Matrix

| Tier 1 COC Type | Copy of Driver License from Property Owner on Current Deed | Current Deed | Pre-March 4, 1972 Deed | Pre-March 4, 1972 Patent & Description | Government or Public Utility Conveyance Document & Description | Legal Description for Multiple Parcel Request |
|--|--|--------------|------------------------|--|--|---|
| Parcel Created by Pre-March 4, 1972 | X | X | X | | | X |
| Parcel Created by Pre-March 4, 1972 | X | X | | X | | X |
| Parcel Created by Subdivision/Parcel Map after August 1929 | X | X | | | | X |
| Parcel reflected in Lot Line Adjustment or Merger after September 2000 | X | X | | | | X |
| Parcel reflected in Lot Line Adjustment or Merger Approved by TAC, Planning Com. Or Board of Sup. | X | X | | | | X |
| Parcel Created by Government or Public Utility Conveyance Document | X | X | | | X | X |
| Parcel depicted on Pre- August 1929 or Lot Line Adjustment or Merger and conveyed by Deed (or Deed of Trust) | X | X | | | | X |

***Additional Information may be required in order to complete the Certificate of Compliance process. A Conditional Certificate of Compliance may be issued to require alterations and/or public improvements necessary to bring the parcel(s) into conformity with the State Subdivision Map Act and County ordinances prior to the issuance of any future construction permits.*



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TIER 1 CERTIFICATE OF COMPLIANCE APPLICATION

| TO BE COMPLETED BY PLANNING STAFF | | | |
|---|--------------------------------------|-----------------------------|-------------------|
| FILE NUMBER COC # | RECEIPT NUMBER: _____ DATE: _____ | | |
| GENERAL PLAN: | AMOUNT: _____ | | |
| ZONING: | RECEIVED BY: _____ | | |
| TO BE COMPLETED BY APPLICANT (PLEASE PRINT OR TYPE) | | | |
| | | | |
| EXISTING LAND USE: | ACREAGE: | ASSESSOR'S PARCEL NUMBER(S) | |
| NAME OF PROPERTY OWNER(S): | | | TELEPHONE NUMBER: |
| ADDRESS: | CITY: | STATE: | ZIP CODE: |
| PROPERTY OWNER(S) SIGNATURE (COPY OF DRIVERSE LICENSE REQUIRED) | | | DATE |
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