



PLANNING DEPARTMENT
PROJECT APPLICATION FORM

915 8th Street, Suite 123
Marysville, CA 95901

Phone: (530) 749-5470 Website: www.co.yuba.ca.us

Date Stamp

TO BE COMPLETED BY STAFF

Receipt # _____

Project # _____ Project # _____ Project # _____
Project Name _____
Zoning _____ General Plan _____ Overlay Zones _____

APPLICANT INFORMATION (primary project contact)

Name: Josh Kuasekump Company: _____
Street Address: 7571 Sky view Ct
City, State, Zip: Oregon House CA 95961
Phone #: 530 701 0672 Email: Josh.Kuasekump@gmail.com
Is applicant the: Owner ☒ Architect ☐ Engineer ☐ Consultant ☐ Contractor ☐
If applicant is Not the owner, the agent authorization section on page 2 needs to be completed

PROJECT INFORMATION

Name of Proposed Project Meter install APN # 056-320-013-000
Location of Project 7571 Sky view Ct Oregon House
Existing Use: _____ Proposed Use: _____
Existing Structures (s.f.): NONE Proposed Structures (s.f.) or # Dwelling Units/Lots: _____
(Check One) (Check One)
☐ Property is or proposed to be sewered ☐ Property is or proposed to be on public water
☒ Property is or proposed to be on septic ☒ Property is or proposed to be on well water
Project Description (attach additional sheets as necessary):
would like to get an electrical meter installed on my property
so pge doesn't remove all power from the street

DEVELOPMENT PROJECTS (Check all that apply)

<input type="checkbox"/> Appeal	<input type="checkbox"/> Certificate of Compliance	<input type="checkbox"/> Design Review	<input type="checkbox"/> Environmental Assessment
<input type="checkbox"/> Final Map	<input type="checkbox"/> General Plan Amend./Rezoning	<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Planned Sign Permit Program
<input type="checkbox"/> Sign Clearance	<input type="checkbox"/> Specific/Community Plan	<input type="checkbox"/> Surface Mining Permit	<input type="checkbox"/> Temporary Use Permit
<input type="checkbox"/> Tentative Parcel Map	<input type="checkbox"/> Tentative Subdivision Map	<input checked="" type="checkbox"/> Use Permit: Type <u>AUS</u>	<input type="checkbox"/> Variance
<input type="checkbox"/> Zoning Clearance	<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Modification to: _____	<input type="checkbox"/> Other: _____

WAIVERS

☐ Signs ☐ 4-H/FAA Projects ☐ Development Standards (setbacks, height, fences, etc...)
☐ Parking ☐ Reasonable Accommodations ☐ Other: _____

Does project involve any of the following (check all that apply):

☐ 2nd Dwelling Unit ☐ Drive Thru ☐ Ranch Marketing ☐ Temporary Housing ☐ # of animals
☐ B&B / Ag. Homestay ☐ Home Occupation ☐ Special Events ☐ Other

OWNER CERTIFICATION

I certify that I am presently the legal owner or the authorized agent of the owner of the above described property. Further I acknowledge the filing of this application and certify that all of the above information is true and accurate.

Josh Kuasekump [Signature] 01/11/25
Print Name Signature Date

AGREEMENT TO PAY**RECITALS**

The costs to provide specific project related services are billed to the applicant/owner pursuant to the Yuba County Ordinance Code Chapter 13 (Fee Schedule). As listed in the fee schedule of Chapter 13, the fees for services are billed at an hourly rate unless a "flat fee" is notated. This initial deposit amount and an original completed Agreement to Pay Form must be submitted to the Community Development and Services Agency (CDSA) in order for services to begin and be assessed at the specified hourly rate. The herein fees are intended to compensate CDSA for staff time and/or consultant time spent on the applicant's project. I/We understand that the initial deposit does not include any fees required for compliance with the California Environmental Quality Act (CEQA) and that once the appropriate CEQA document is determined I/We will be required to submit the appropriate deposit.

TERMS OF AGREEMENT

I/We understand that Yuba County Ordinance Code Chapter 13 requires a deposit for services and CDSA will bill as services are rendered against that deposit. I/We agree to pay any required additional deposit(s) to maintain a positive deposit balance. I/We understand that all services by CDSA will cease for this project if the deposit is depleted to zero balance and a request for an additional deposit payment has not been fulfilled by the applicant within 30 days of the request. I/We further understand that until CDSA receives written notification of a change in the information provided on the application I/We am/are responsible for payment for all services performed by CDSA.

In the event there is an outstanding balance due for the project and the request for payment is 90 days or more past due, I/We agree to allow and hereby consent to the delinquent payment amount being made by the Yuba County Board of Supervisors for placement of a lien on the property equal to the past due amount plus additional penalties as described in Yuba County Ordinance Code Chapter 13.

Further as a condition of this application and to the fullest extent of the law, applicant hereby agrees to and shall defend, indemnify, release and hold harmless the County, its officers, officials, employees, and agents (collectively, "Indemnitees") from any claim, action, lawsuit, or proceeding brought against any of the Indemnitees, the purpose of which is to challenge, attack, set aside, void, or annul the approval of this application, including but not limited to, any related action, approval, entitlement, permit, agreement, or environmental document, or the processing thereof. The applicant shall indemnify the County for all of its costs, attorney's fees, and/or damages which the County incurs in enforcing the indemnification provision set forth herein.

If future billing is necessary: Bill Applicant ☐ Bill Owner ☒

Print Name: Josh Kuasekamp Signature: [Signature] Date: 06/11/25

AGENT AUTHORIZATION (to be filled out by the property owner)

To the County of Yuba, the "Applicant" listed on this application is my authorized representative for all applications, hearings, appeals, etc. and to sign all documents necessary for said processing of the project described herein, including mitigation and conditions of approval, but not including document(s) relating to title interest.

Owner: (Print Name) Josh Kuasekamp Signature: [Signature] Date: 06/11/25

Street Address: 7581 Skyview Ct Oregon House

City, State, Zip: Oregon House CA 95962

Phone #: 530 701 0672 Email: josh.kuasekamp

TO BE COMPLETED BY STAFF

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Detailed Project Description | <input type="checkbox"/> Full Size Map # _____ | <input type="checkbox"/> Colors/Materials # _____ | <input type="checkbox"/> Traffic Study |
| <input type="checkbox"/> Title Report | <input type="checkbox"/> Reduced Map # _____ | <input type="checkbox"/> Landscape Plan # _____ | <input type="checkbox"/> Biology Study |
| <input type="checkbox"/> Full Size Site Plan # _____ | <input type="checkbox"/> Elevation Plans # _____ | <input type="checkbox"/> Reduced Landscape # _____ | <input type="checkbox"/> Arborist Report |
| <input type="checkbox"/> Reduced Size Site Plan # _____ | <input type="checkbox"/> Reduced Elevations # _____ | <input type="checkbox"/> Resource Inventory Map | <input type="checkbox"/> Sign Exhibits |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes:

Staff's acceptance of the application or deeming the application complete does not imply that staff will recommend approval or that you will receive approval from the Decision-making Authority.