



## DEPARTMENT OF AGRICULTURE WEIGHTS AND MEASURES

**Charlene Carveth**  
Agricultural Commissioner  
Sealer of Weights and Measures

311 Fair Lane  
Placerville, CA 95667  
(530) 621-5520  
(530) 626-4756 FAX  
eldcag@edcgov.us

### REQUEST FOR ADMINISTRATIVE RELIEF FROM AN AGRICULTURAL SETBACK – APPLICATION

APPLICANT(S) NAME(S): \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER(S): (DAY) \_\_\_\_\_ (EVE) \_\_\_\_\_

APN#: \_\_\_\_\_ PARCEL SIZE: \_\_\_\_\_ ZONING: \_\_\_\_\_

LOCATED WITHIN AN AG DISTRICT?  YES  NO ADJACENT PARCEL ZONING: \_\_\_\_\_

IF THE ADJACENT PARCEL IS ZONED TPZ OR NATURAL RESOURCES, IS YOUR PROPERTY LOCATED WITHIN  
A COMMUNITY REGION OR RURAL CENTER?  YES  NO  NOT APPLICABLE

REQUIRED AG SETBACK: \_\_\_\_\_ foot SETBACK YOU ARE REQUESTING: \_\_\_\_\_ foot

REQUESTED USE (AGRICULTURALLY-INCOMPATIBLE):

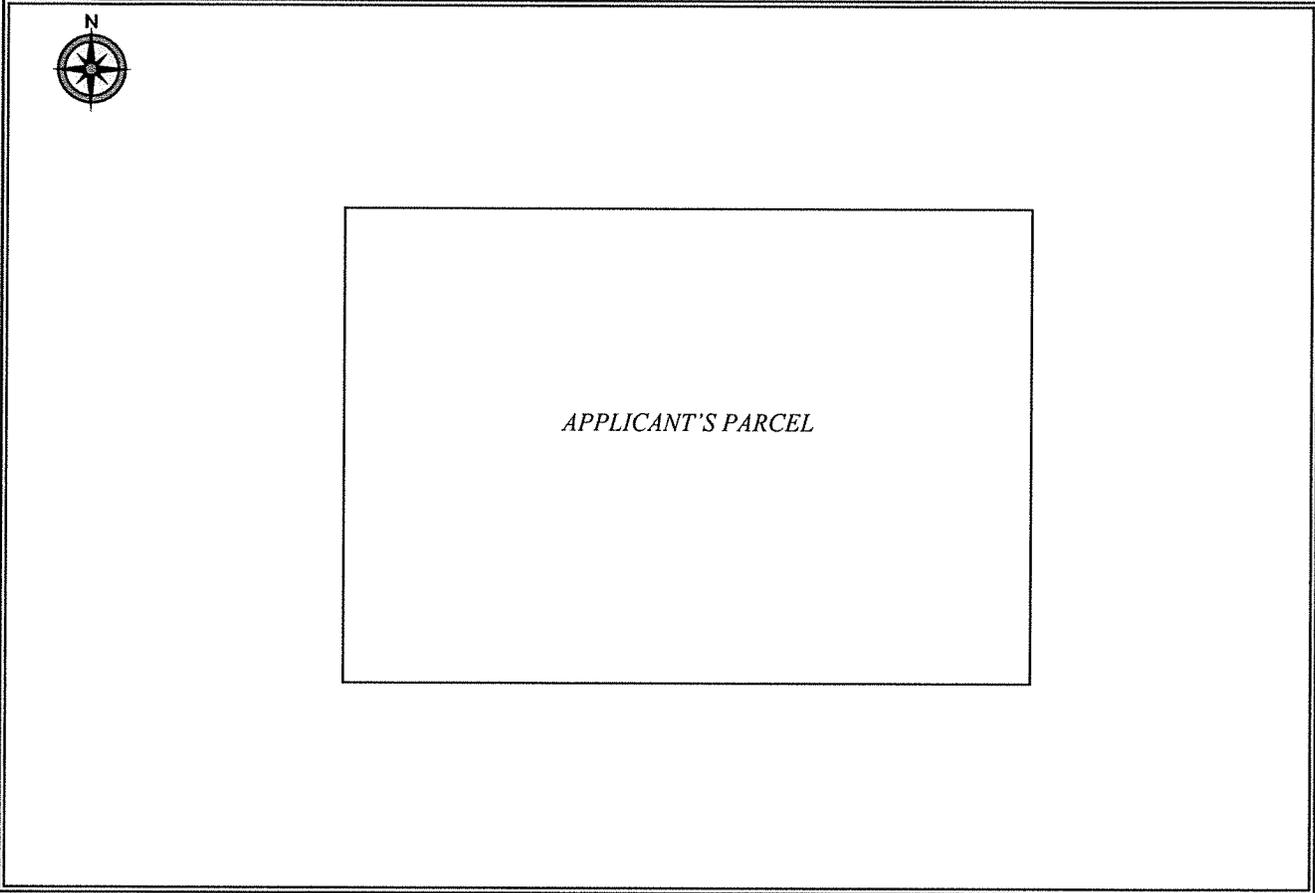
DO YOU HAVE A BUILDING PERMIT FOR REQUESTED USE?  YES (Permit # \_\_\_\_\_ )  NO

PLEASE ANSWER THE FOLLOWING:

1.  YES  NO Does a natural barrier exist that reduces the need for a setback?  
( Topography  Other \_\_\_\_\_ )
2.  YES  NO Is there any other suitable building site that exists on the parcel except within the  
required setback?
3.  YES  NO Is your proposed agriculturally-incompatible use located on the property to minimize any  
potential negative impact on the adjacent agricultural land?
4. List any site characteristics of your parcel and the adjacent agricultural land that the Agricultural Commission  
should consider (including, but not limited to, topography, vegetation, and location of agricultural  
improvements, etc.).

**IN THE DIAGRAM BELOW, SHOW THE FOLLOWING:**

- A. Zoning of your parcel
- B. Zoning of adjacent parcels
- C. Placement of agriculturally-incompatible use
- D. Indicate requested setback distance
- E. Indicate any unique site characteristics of property



**ANY ADDITIONAL COMMENTS?**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

<b>OFFICE USE ONLY:</b> <input type="checkbox"/> Fee Paid   Date: _____   Receipt #: _____   Initials: _____
--