

TAHOE REGIONAL PLANNING AGENCY WA/PL/CSLT

REQUEST FOR VERIFICATION OF LAND CAPABILITY MOU

PLEASE PRINT

APN _____ County _____

Owner Name _____ Phone # _____

Results to be Mailed to:

Name _____

Address _____

Location of Property (physical address or directions)

*****TRPA USE ONLY*****

Date Received _____ Fee \$ _____ Receipt # _____

Mapped Land Capability

Mapped Soil Map Unit

- 1. _____
- 2. _____
- 3. _____
- 4. _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____

RESULTS

Date _____

By _____

Verified as Mapped Y/N _____

Verified Land Capability Class

Verified Soil Map Unit

Observed Slope

- a. _____
- b. _____
- c. _____
- d. _____

- _____
- _____
- _____
- _____

- _____
- _____
- _____
- _____

Verification of Stream Environment Zone Y/N _____

Extent or Amount of SEZ on Parcel _____

Comments _____

I/We hereby authorize TRPA to access subject property for purpose of this site assessment. I hereby declare under penalty of perjury that this application and all information submitted as part of this application is true and accurate, to the best of my knowledge. I am the owner of the subject property or I have been authorized in writing by the owner(s) of the subject property to represent this application, and understand that should any information or representation submitted in connection with this application be incorrect or untrue, TRPA may rescind any approval or take other appropriate action. I further understand that additional information may be required by TRPA to review this activity.

Owner(s) signature(s): **(Original signature required.)**

_____	Date _____
_____	Date _____
_____	Date _____

AUTHORIZATION FOR REPRESENTATION:

The following person(s) own the subject property (APN _____) or have a sufficient interest therein to make application to TRPA:

Print Owner(s) Name(s):

I/We authorize _____ to act as my/our representative in connection with this application to TRPA for the subject property and agree to be bound by said representative. I understand that additional information may be required by TRPA, beyond that submitted by my representative, to review this activity. Any cancellation of this authorization shall not be effective until receipt of written notification of same by TRPA. I also understand that should any information or representation submitted in connection with this application be incorrect or untrue, TRPA may rescind any approval or take other appropriate action. I further accept that if this activity is approved, I, as the permittee, will be held responsible for any and all permit conditions.

Owner(s) signature(s): **(Original signature required.)**

_____	Date _____
_____	Date _____
_____	Date _____