



# San Bernardino County

## Land Use Services Department, Planning Division

San Bernardino County Government Center,  
385 N. Arrowhead Ave; San Bernardino, CA 92415-0182  
15900 Smoke Tree Street; Hesperia, CA 92345  
San Bernardino Office – (909) 387-8311 High Desert Office – (760) 995-8140  
Fax (909) 387-3249 Fax (760) 995-8167



## MITIGATION MONITORING INFORMATION SHEET AND APPLICATION

This application is required when a project has been conditionally approved and, as a Condition of Approval, the County has approved a Mitigation Monitoring Program. The Advance Planning Division staff will verify compliance and effectiveness of the mitigation measures as outlined in the Conditions of Approval and the Mitigation Monitoring Plan.

### CHECKLIST OF SUBMITTAL MATERIALS

Please use this checklist as you assemble the materials for the submittal of your Mitigation Monitoring application. County staff will use the checklist to determine whether your application is acceptable for submission. If you have any questions about the items requested or if you wish to obtain information on processing schedules, please call the Application Intake Center at (909) 387-8311.

#### Section A – Fees/Deposit

1. \_\_\_\_\_ Check or money order made payable to San Bernardino County in the amount of **\$2,980.00** for the “initial deposit”. (J657)

***“Actual Cost Initial Deposit” – The basic review fees for this application are charged on an “actual cost” basis. Your application money is deposited into an account and the reviewing staff records the time spent processing your proposed project. Your account is then charged for the staff time at established hourly rate (\$65 to \$250/hr). If account funds are depleted an additional deposit will be requested. If an additional deposit is required it must be paid to allow staff to continue processing. Any failure to pay the requested deposit will result in termination of the review process. After the review is completed, a minimum deposit balance of \$1000 will be required for condition compliance processing. For more information on fees, please refer to the Land Use and Development Review Fees handout.***

#### Section B - County Documents

2. \_\_\_\_\_ **One copy** of a completed application form.
3. \_\_\_\_\_ **One copy** of the Conditions of Approval from an approved Land Use Application.
4. \_\_\_\_\_ **One copy** of the Mitigation Monitoring Program.

# MITIGATION MONITORING PROGRAM APPLICATION

Complete all sections of this form. If you believe that an item does not apply to your project, mark it "N/A." Do not leave any blank spaces.

## Section 1 – APPLICATION INFORMATION

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Engineer/Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ FAX #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Section 2 - PROJECT DESCRIPTION

APN: \_\_\_\_\_

Approved Project Name: \_\_\_\_\_

Legal Description: Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

USGS Quad Name: \_\_\_\_\_ Acreage: \_\_\_\_\_

Location: Community: \_\_\_\_\_ Nearest cross street: \_\_\_\_\_

Street name: \_\_\_\_\_ Side of street: \_\_\_\_\_

## Section 3 – SIGNATURE

I certify under penalty of perjury that I am the (check one)

Legal Owner (all individuals must sign as their names appear on the deed to the land), **OR**

Owner's legal Agent, and that the foregoing is true and correct. (Please submit an authorization letter from legal owners).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To be completed by County Staff: Filing Date: \_\_\_\_\_ Project No.: \_\_\_\_\_ JCS Project No.: \_\_\_\_\_