



## INSTRUCTIONS FOR NON-RENEWAL FOR AGRICULTURAL PRESERVES

The following information must be submitted for filing on a non-renewal from the agricultural preserve program.

1. Original Recording Date and Instrument Number.
2. Must be filed prior to SEPTEMBER 30.
3. Completed mini application form.
4. Legal description.
5. Describe current agricultural use on property. For example number of acres planted in crops, grazing, number of livestock, etc.
6. Reason for the non-renewal request.
7. Current filing fee.

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**South County Office**  
123 E. Anapamu Street  
Santa Barbara, CA 93101  
Phone: (805) 568-2000  
Fax: (805) 568-2030

**Energy Division**  
123 E. Anapamu Street  
Santa Barbara, CA 93101  
Phone: (805) 568-2040  
Fax: (805) 568-2522

**North County Office**  
624 W. Foster Road, Suite C  
Santa Maria, CA 93455  
Phone: (805) 934-6250  
Fax: (805) 934-6258

Website: [www.sbcountyplanning.org](http://www.sbcountyplanning.org)



**PLANNING & DEVELOPMENT**  
PERMIT APPLICATION

SITE ADDRESS: \_\_\_\_\_  
 ASSESSOR PARCEL NUMBER: \_\_\_\_\_  
 PARCEL SIZE (acres/sq.ft.): Gross \_\_\_\_\_ Net \_\_\_\_\_  
 ZONING: \_\_\_\_\_

COMPREHENSIVE/COASTAL PLAN DESIGNATION: \_\_\_\_\_

Are there previous permits/applications?  no  yes numbers: \_\_\_\_\_  
 (include permit# & lot # if tract)

Did you have a pre-application?  no  yes if yes, who was the planner? \_\_\_\_\_

Are there previous environmental (CEQA) documents?  no  yes numbers: \_\_\_\_\_

Project description summary: \_\_\_\_\_  
 \_\_\_\_\_

1. **Financially Responsible Person** \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 (For this project)

Mailing Address: \_\_\_\_\_  
 Street City State Zip

2. **Owner:** \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Street City State Zip

3. **Agent:** \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Street City State Zip

4. **Arch./Designer:** \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State/Reg Lic# \_\_\_\_\_  
 Street City State Zip

5. **Engineer/Surveyor:** \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State/Reg Lic# \_\_\_\_\_  
 Street City State Zip

6. **Contractor:** \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State/Reg Lic# \_\_\_\_\_  
 Street City State Zip

I hereby certify to the best of my knowledge, the information contained in this application and all attached materials are correct, true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name/date

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**COUNTY USE ONLY**

Case Number: \_\_\_\_\_ Companion Case Number: \_\_\_\_\_

Supervisory District: \_\_\_\_\_ Submittal Date: \_\_\_\_\_

Applicable Zoning Ordinance: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Project Planner: \_\_\_\_\_ Accepted for Processing \_\_\_\_\_

Zoning Designation: \_\_\_\_\_ Comp. Plan Designation \_\_\_\_\_