



**LEGAL NONCONFORMITY DETERMINATION**  
**"Grandfather Rights"**

Mariposa County Planning Department  
5100 Bullion Street, P.O. Box 2039  
Mariposa, CA 95338

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**FOR OFFICE USE ONLY**

Date Submitted \_\_\_\_\_ Received By \_\_\_\_\_

Fees Paid \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_ Received By \_\_\_\_\_

Application No. \_\_\_\_\_ Application Complete \_\_\_\_\_

Final Action \_\_\_\_\_ Date \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

**Nonconformity Determination Application Requirements**

**1. Tax Assessor Parcel Map:** Assessor Parcel Number (APN): \_\_\_\_\_.

**2. Send a written letter** to the Planning Director of Mariposa County, describing the non-conforming structures or use(s) and the date or dates that the property was used. The information in your letter must be supported by objective evidence (see item #3 below). We're flexible, but we have to be able to defend our decision.

**3. Objective Evidence:** Based on your information, and on legal requirements, the Planning Director determines whether or not there is sufficient evidence to prove the legality of nonconformity. What constitutes adequate evidence to determine legality is unique to each use; be sure to provide us with as much objective evidence as possible. The list below provides you with a starting point to conduct your investigation and is not a conclusive list; some items may not even pertain to the subject property. In most cases, the use of just one form of evidence is not sufficient to determine legality. Please submit varied and objective sources of evidence for our review.

- Telephone directories, with date showing a business listing supporting the claim;
- Letters verifying and describing the use and dates of use;
- Tax records;
- Photographs with date identification;
- Fictitious business name records;
- Licenses showing dates of use;
- Statements or receipts from utilities such as power, water or gas in the users name;
- Receipts from purchases and services relating to the use; show delivery address;
- Rent receipts or records.

Please note that only legal nonconformities can be approved or "Grandfathered." Providing incorrect or false information can void our action.

**4. Payment of Fees:** Payment of application fees as determined by Mariposa Planning. Additional fees maybe charged by other agencies or county offices, depending on the type of application. Deposit fees are for applications that are to be charged time and materials and are estimated using the assigned lower staff hourly charge of \$58 per hour. Should the Director or Deputy Director work on the project, the time charge will be rated at \$114 per hour. All additional staff time and expenses needed to complete the application processing that exceed the deposit amount will be charged at the disclosed rate at the time that services are rendered. On average, invoices will be calculated on a quarterly basis and forwarded to the applicant for payment. If the deposit falls below a balance of 20% of the initial deposit, the applicant will be asked to make a subsequent deposit in an amount estimated to be necessary to complete the processing. Applicants will be expected to pay the subsequent deposit within 30 days of the invoice date or prior to the public hearing, whichever comes first. In the event that the billing is not paid timely, processing will be suspended until payment is made. Any remaining balance will be used to reconcile the final bill. If there is a balance remaining after reconciling the final bill, a refund check will be mailed to the applicant. If the application requires a public hearing, the public hearing will not be scheduled until payment in full is received. It should be noted that the fees do not include consultants fee, specialized studies, CEQA charges, publication fees and any additional fees that maybe charged by other agencies or county offices.

Grandfathered Rights Determination Deposit Fee:..... 520.00

Document Conversion.....5.00

Vehicle Mileage Fee (\_\_\_ miles at \$0.58 per mile, round trip).....\_\_\_\_\_

TOTAL.....\_\_\_\_\_

**REQUIRED SIGNATURE(S)**

**Affidavit**

I/we, the undersigned (Property Owner and Applicant), agree to defend, indemnify, and hold harmless the County and its agents, officers and employees from any claim, action or proceeding against the County arising from the Property Owner and Applicant project.

I/we declare under the penalty of perjury that the statements and information submitted in this application are in all respects true and correct to the best of my/our knowledge.

I/we acknowledge that I/we have read and understand the information contained in the application package relating to the submittal and processing of this application.

I/we understand that the processing of the application will be delayed if any required information is incorrect, omitted, or illegible.

I/we declare that if an entity listed below is a Partnership, Limited Liability Corporation, Corporation or Trust the signer(s) below certifies that he/she is authorized by that entity to apply and sign the application attached herewithin.

<b><u>Property Owner (printed name):</u></b>	<b><u>2<sup>nd</sup> Property Owner (printed name):</u></b>	<b><u>Applicant (printed name):</u></b>
<b><u>Property Owner (signature):</u></b>	<b><u>2<sup>nd</sup> Property Owner (signature):</u></b>	<b><u>Applicant (signature):</u></b>
Date:	Date:	Date:

If there are more than two property owners, additional copies of this page shall be provided.

**IMPORTANT: This page must be signed by all property owners and any authorized applicant.**

**IMPORTANT: Please note that if the property owner/s is/are authorizing someone other than themselves to act as the applicant or agent, the next page must also be signed.**

**IMPORTANT: Failure to have all necessary signatures will DELAY the commencement of processing the application. The application will be returned to the applicant to provide all necessary signatures.**

This page to be signed **IF** the property owner(s) is (are) authorizing someone to act as an agent or applicant for this application.

### Affidavit

**Applicant/Agent Authorization:**

I/we, \_\_\_\_\_, Property Owner(s) hereby authorize \_\_\_\_\_ to act as a representative/Applicant and/or \_\_\_\_\_ to act as a representative/Agent in all matters pertaining to the processing and approval of this application, including modifying the project, and agree to be bound by all representations and agreements made by the designated Applicant and/or Agent.

I/we declare that if the Property Owner and/or Applicant is a Partnership, Limited Liability Corporation, Corporation or Trust, the individual(s) listed below certifies that he/she/they is/are authorized by that entity to execute the application form attached herewithin.

<b><u>Property Owner (printed name):</u></b>	<b><u>Applicant (printed name):</u></b>	<b><u>Agent (printed name):</u></b>
<b><u>Property Owner (signature):</u></b>	<b><u>Applicant (signature):</u></b>	<b><u>Agent (capacity/title):</u></b>
<b><u>Property Owner (capacity/title):</u></b>	<b><u>Applicant (capacity/title):</u></b>	
Date:	Date:	
<b><u>2<sup>nd</sup> Property Owner (printed name):</u></b>	<b><u>Co-Applicant (printed name):</u></b>	
<b><u>2<sup>nd</sup> Property Owner (signature):</u></b>	<b><u>Co-Applicant (signature):</u></b>	
Date:	Date:	