

# Planning Application

## PJR-001

**Application Type(s):**

- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Admin Cert. Compliance          | <input checked="" type="checkbox"/> Design Review Admin. | <input type="checkbox"/> Minor Subdivision            | <input type="checkbox"/> Use Permit   |
| <input type="checkbox"/> Ag. or Timber Preserve/Contract | <input type="checkbox"/> Design Review Full              | <input type="checkbox"/> Voluntary Merger             | <input type="checkbox"/> Variance     |
| <input type="checkbox"/> Conditional Cert. of Compliance | <input type="checkbox"/> General Plan Amendment          | <input type="checkbox"/> Ordinance Interpretation     | <input type="checkbox"/> Zone Change  |
| <input type="checkbox"/> Cert. of Modification           | <input type="checkbox"/> Lot Line Adjustment             | <input type="checkbox"/> Second Unit Permit           | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coastal Permit                  | <input type="checkbox"/> Major Subdivision               | <input type="checkbox"/> Specific/Area Plan Amendment | _____                                 |
| <input type="checkbox"/> Zoning Permit for: _____        |  |   |                                       |

File # \_\_\_\_\_

**By placing my contact information (name, address, phone number, email address, etc.) on this application form and submitting it to Sonoma County PRMD, I understand and authorize PRMD to post this application to the internet for public information purposes, including my contact information.**

PRINT CLEARLY			
<b>APPLICANT</b>		<b>OWNER (IF OTHER THAN APPLICANT)</b>	
Name Nicholas Radtky, President, Annapolis Historical Society		Name Annapolis Historical Society	
Mailing Address P.O. Box 336		Mailing Address P.O. Box 5	
City Bodega Bay	State CA	Zip 94923	
City Stewart's Point	State CA	Zip 95480	
Day Ph (707) 291-4645	Email radtky1870@gmail.com	Day Ph ( )	Email ahs201500@gmail.com
Signature	Date 06/19/24	Signature	Date 06/19/24
<b>Billing Responsible Party (At-Cost Only)</b> <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Other: _____			
OTHER PERSONS TO RECEIVE CORRESPONDENCE			
Name/Title Mark Quattrocchi, FAIA		Name/Title Jon Stong	
Mailing Address Box 187		Mailing Address 636 Fifth Street	
City The Sea Ranch	State CA	Zip 95497	
City Santa Rosa	State CA	Zip 95404	
Day Ph (707) 484-9067	Email markq@qka.com	Day Ph (707) 249-2369	Email jons@qka.com
PROJECT INFORMATION			
Address(es) 35147 Annapolis Road			City Annapolis
Assessor's Parcel Number(s) 123-040-01			
Project Description Foundation Repair			
Acreage 1.00 acres		Number of new lots proposed None	
Site Served by Public Water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Site Served by Public Sewer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TO BE COMPLETED BY PRMD STAFF			
Planning Area	Supervisory District	<input type="checkbox"/> Critical Habitat	<input type="checkbox"/> Urban Service
Current Zoning		<input type="checkbox"/> NPDES	<input type="checkbox"/> Williamson Act
		Specific/Area Plan	Groundwater <input type="checkbox"/> 1 / 2
General Plan Land Use		Parcel Specific Policy	Availability <input type="checkbox"/> 3 / 4
Application resolve planning violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subject to <input type="checkbox"/> EX
Previous Files		Penalty application? <input type="checkbox"/> Yes <input type="checkbox"/> No	CEQA <input type="checkbox"/> YES
Application accepted by		File No.	
Approved by		Date	
		Date	