

Planning Application

PJR-001

Application Type(s):

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Admin Cert. Compliance | <input 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 | |
- Zoning Permit for: Special Events Zoning Permit

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					
APPLICANT			OWNER (IF OTHER THAN APPLICANT)		
Name <u>Tori Immel</u>			Name <u>Graeton Community Services Dist</u>		
Mailing Address <u>16720 Jay Woods Way</u>			Mailing Address <u>250 Ross Ln</u>		
City <u>Occidental</u>	State <u>CA</u>	Zip <u>95465</u>	City <u>Sebastopol</u>	State <u>CA</u>	Zip <u>95472</u>
Day Ph (949) <u>293-5837</u>	Email <u>timmel12030@gmail.com</u>		Day Ph (925) <u>721-2938</u>	Email <u>chaddavisson_gcsd@gmail.com</u>	
Signature <u>[Signature]</u>		Date <u>3/20/25</u>	Signature <u>[Signature]</u>		Date <u>3/20/25</u>
Billing Responsible Party (At-Cost Only) <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Other: _____					
OTHER PERSONS TO RECEIVE CORRESPONDENCE					
Name/Title <u>Tori Immel / Events Coordinator</u>			Name/Title _____		
Mailing Address <u>16720 Jay Woods Way</u>			Mailing Address _____		
City <u>Occidental</u>	State <u>CA</u>	Zip <u>95465</u>	City _____	State _____	Zip _____
Day Ph (949) <u>293-5837</u>	Email <u>timmel12030@gmail.com</u>		Day Ph () _____	Email _____	
PROJECT INFORMATION					
Address(es) <u>9155 Graeton Rd, Graeton CA 95444</u>				City <u>Graeton</u>	
Assessor's Parcel Number(s) <u>130-15</u>					
Project Description <u>1 day outdoor festival event on Saturday, May 10 2025 from 12-5p with local live music, and food, and beverages, and vendors.</u>					
Acreage <u>0.6</u>			Number of new lots proposed <u>N/A</u>		
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	Groundwater	<input type="checkbox"/> 1 / 2
Current Zoning _____		<input type="checkbox"/> NPDES	<input type="checkbox"/> Williamson Act	Availability	<input type="checkbox"/> 3 / 4
General Plan Land Use _____				Subject to	<input type="checkbox"/> EX
Parcel Specific Policy _____				CEQA	<input type="checkbox"/> YES
Application resolve planning violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		File No. _____	
Previous Files _____			Penalty application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Application accepted by _____			Date _____		
Approved by _____			Date _____		

County of Sonoma
Permit & Resource Management Department
2550 Ventura Avenue
Santa Rosa, CA 95403

Proposal Statement
March 17, 2025

To Whom It May Concern,

The GCSD plans to hold a 1 day outdoor festival event on Saturday, May 10, 2025. The event will be held in the afternoon from 12 pm - 5 pm at the Graton Town Square at 9155 Graton Road, Graton, CA 95444. Up to 500 attendees will listen to live music, visit a kids-themed play area, explore local vendors and purchase food and drinks from various food trucks. Alcoholic beverages will be served onsite, including beer, wine, and/or cider. Staff supervision will surround every element of this event, and there will be security and crowd control measures and personnel to ensure general safety and appropriate alcohol consumption. GCSD will not have any road closures, and there will be at least 4 porta-potties on-site, with 1 being ADA-compliant.

If you have any questions, you can email me at timmel2030@gmail.com

Best regards,

A handwritten signature in black ink that reads "Chad Davison". The signature is written in a cursive, flowing style with a long horizontal line extending from the end of the name.

Chad Davison
General Manager



INDEMNIFICATION AGREEMENT

PJR-011

As part of this application, applicant agrees to defend, indemnify, release and hold harmless the County, its agents, officers, attorneys, employees, boards and commissions from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void or annul the approval of this application or the adoption of the environmental document which accompanies it. This indemnification shall include, but not be limited to, damages, costs, expenses, attorney fees or expert witness fees that may be asserted by any person or entity, including the applicant, arising out of or in conjunction with the approval of this application, whether or not there is concurrent passive or active negligence on the part of the County. If, for any reason any portion of this indemnification agreement is held to be void or unenforceable by a court of competent jurisdiction, the remainder of the agreement shall remain in full force and effect."

Applicant Name: Chad Davisson

Applicant Signature: Chad Davisson

Owner Name: Graton Community Services District

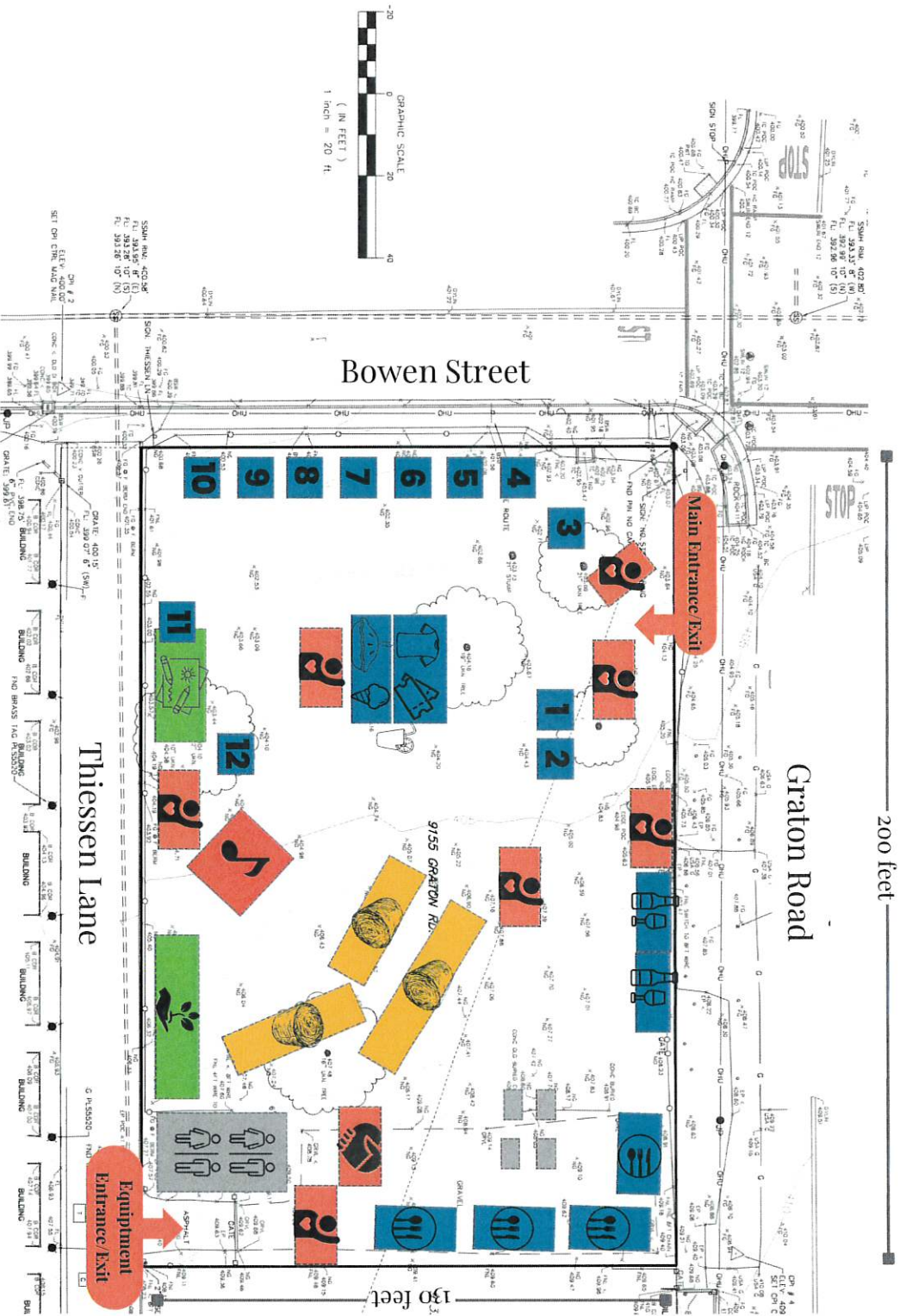
Owner Signature: Chad Davisson

Date: March 20, 2025













File No.: _____

NOTE: The purpose of the Indemnification Agreement is to allow the County to be held harmless in terms of potential legal costs and liabilities in conjunction with permit processing and approval.

Site Plan



Legend

-  10'x10' vendor booth
-  Food Trucks
-  Wine, Beer, & Cider
-  Silent Auction
-  Museum of Future + Community Info
-  Stage
-  Security/Volunteers
-  Picnic Tables
-  Restroom
-  Kid's Area
-  Garden beds
-  Seating

Special Events/Cultural Events - Agency Approvals

PJR-025

<p><i>Tori Immel</i> Applicant</p> <p><i>Community fundraiser</i> Event Title or Type of Event</p> <p><i>music, food trucks, kids</i> Activities included in Event</p> <p><i>play area, local vendors</i></p>	<p>File No <i>5/10/25 from 12p-5p</i></p> <p>Event Dates and hours <i>500</i></p> <p>Attendance at each event</p>
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Signatures from the following departments/agencies must be obtained prior to posting the ten day notice of a Special/Cultural Event by the Permit and Resource Management Department (PRMD). If the application is approved, PRMD will issue a Zoning Permit specifying all Conditions of Approval. The applicant must comply with all Conditions of Approval.

PRMD Building Inspection 2550 Ventura Avenue Santa Rosa, CA 95403 TEL (707) 565-1900 FAX (707) 565-1972	Conditions: <hr/> <hr/> <hr/> <hr/> Signature: _____ Date: _____
PRMD Project Review Health Specialist (Porta-toilets, trash containers, noise) 2550 Ventura Avenue Santa Rosa, CA 95403 TEL (707) 565-1683 FAX (707) 565-1103	Conditions: <hr/> <hr/> <hr/> <hr/> Signature: _____ Date: _____
PRMD Encroachment Section (Public right-of-way) 2550 Ventura Avenue Santa Rosa, CA 95403 TEL (707) 565-3626 or 565-3645 FAX (707) 565-3313	Conditions: <hr/> <hr/> <hr/> <hr/> Signature: _____ Date: _____
Fire Services/Local Fire District (Emergency Services) 2300 County Center Drive, Ste. B220 Santa Rosa, CA 95403 TEL (707) 565-1152 FAX (707) 565-1172	Conditions: <hr/> <hr/> <hr/> <hr/> Signature: _____ Date: _____
Sonoma County Environmental Health (Food preparation, service, handling) 625 5TH Street Santa Rosa, CA 95404 TEL (707) 565-6565 FAX (707) 565-6525	Conditions: <hr/> <hr/> <hr/> <hr/> Signature: _____ Date: _____
Sonoma County Sheriff (Traffic, safety) 2796 Ventura Avenue Santa Rosa, CA 95403 TEL (707) 565-2511 FAX (707) 526-0403	Conditions: <hr/> <hr/> <hr/> <hr/> Signature: _____ Date: _____
California Highway Patrol 6100 Labath Avenue Rohnert Park, CA 94928 TEL (707) 588-1400 FAX No FAX #	Conditions: <hr/> <hr/> <hr/> <hr/> Signature: _____ Date: _____

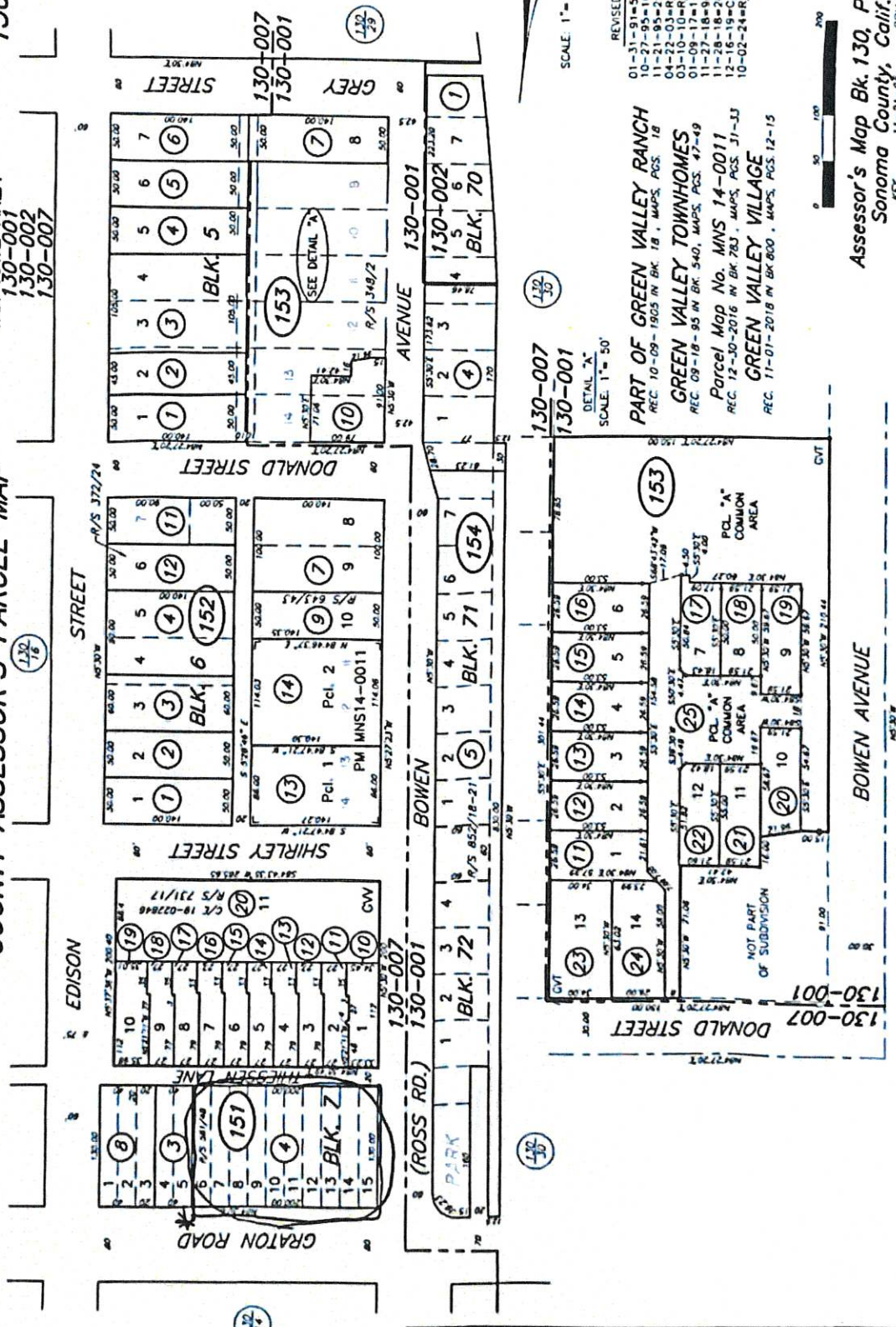
Sonoma County Permit and Resource Management Department
 2550 Ventura Avenue Santa Rosa, CA 95403-2829 (707) 565-1900 Fax (707) 565-1103

*Event held in circled lot below #

COUNTY ASSESSOR'S PARCEL MAP

130-15

TAX RATE AREA
130-001
130-002
130-007



NOTE: This map was prepared for the Sonoma County Assessor for assessment purposes only and does not indicate parcel layout or other building data. In every legal parcel shown, there will be a parcel ID number and a parcel number. The parcel ID number is required for the accuracy of the data presented.

- REVISED
- 01-31-91=5 - BF
 - 10-27-95=10(153)-RM
 - 11-21-95=25(153)-RM
 - 04-22-03=R/S-RM
 - 03-00-10=R/S-RL
 - 11-27-18=6(153)-AB
 - 11-28-18=20(153)-DL
 - 12-16-19=C/E-DL
 - 10-02-24=R/S-R/W

PART OF GREEN VALLEY RANCH
REC. 10-09-1905 IN BK. 18, MAPS. PGS. 18

GREEN VALLEY TOWNHOMES
REC. 09-18-95 IN BK. 540, MAPS. PGS. 47-49

Parcel Map No. MNS 14-0011
REC. 12-30-2016 IN BK. 780, MAPS. PGS. 31-33

GREEN VALLEY VILLAGE
REC. 11-01-2018 IN BK. 800, MAPS. PGS. 12-15

Assessor's Map Bk. 130, Pg. 15
Sonoma County, Calif. (ACAD)
REV. 11-21-95

GRATON COMMUNITY SERVICES DISTRICT

250 ROSS LANE • MAIL PO BOX 334, GRATON, CALIFORNIA 95444 • 707/823-1542



Dear Donor,

As a local governmental agency, the Graton Community Services District (GCSD) is not a 501-c3. However, as a public service provider, we are not subject to Federal taxes and charitable contributions to the GCSD for public purposes are tax-deductible under section 170(c)(1) of the Internal Revenue Code. We have provided an IRS link for more information:

IRS Guidance on:

[Governmental Information Letter | Internal Revenue Service \(irs.gov\)](#)

"Government entities are frequently asked to provide a tax-exempt number or "determination" letter to prove its status as a "tax-exempt" or charitable entity... The Internal Revenue Service does not provide a tax-exempt number. A government entity may use its Federal TIN (taxpayer identification number), also referred to as an EIN (Employer Identification Number), for identification purposes.

Charitable contributions to governmental units are tax-deductible under section 170(c)(1) of the Internal Revenue Code if made for a public purpose."

Our EIN Number for your reference:
EIN 77-0648246

Please reach out with any questions – chaddavisson.gcsd@gmail.com

Thank you.

GRATON COMMUNITY SERVICES DISTRICT

250 ROSS LANE • MAIL PO BOX 536, GRATON, CALIFORNIA 95444 • 707/823-1542



Graton Community Services District (GCSD) Board Directors are:

David Upchurch - President

David Clemmer - Director

Joseph McIntyre - Director

Jennifer Butler - Director

Max Wilmarth - Director

Please reach out with any questions -- chaddavisson.gcsd@gmail.com

Thank you.

DAILY LICENSE APPLICATION

Complete all applicable items. Submit this application to your local ABC district office with the required fee (cashier's check or money order) payable to ABC. Once the daily license is issued, fees cannot be refunded. Listing of ABC district office is available at <https://www.abc.ca.gov/contact/district-offices/>. Please visit <https://www.abc.ca.gov/abc-221-instructions/> for further instructions.

ABC USE ONLY		
License #	Receipt #	Fee \$
Conditions Requested <input type="checkbox"/> Yes <input type="checkbox"/> No		Diagram Requested <input type="checkbox"/> Yes <input type="checkbox"/> No
License Type <input type="checkbox"/> B & W <input type="checkbox"/> General <input type="checkbox"/> Special		

SECTION 1. ORGANIZATION AND LICENSE TYPE INFORMATION

Organization Name <i>Graton Community Services District</i>	Tax ID <i>77-0648246</i>
Organization Mailing Address <i>PO Box</i>	

LICENSE TYPE

<input checked="" type="checkbox"/> Special Daily Beer and Wine (\$50.00) <input type="checkbox"/> Amateur Sports Organization <input checked="" type="checkbox"/> Charitable <input type="checkbox"/> Civic <input type="checkbox"/> Cultural <input type="checkbox"/> Fraternal <input type="checkbox"/> Political <input type="checkbox"/> Religious <input type="checkbox"/> Social <input type="checkbox"/> Other:	<input type="checkbox"/> Daily General (\$75.00) <input type="checkbox"/> Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure <input type="checkbox"/> Organization Formed for Specific Charitable or Civic Purpose <input type="checkbox"/> Fraternal Organization in Existence over Five Years with Regular Membership <input type="checkbox"/> Religious Organization <input type="checkbox"/> Vessel per Section 24045.10 B&P (\$50.00)	<input type="checkbox"/> Special Temporary License (\$100.00) <input type="checkbox"/> Television Station per Section 24045.2 or 24045.9 B&P <input type="checkbox"/> Non-profit Corporation per Section 24045.4 and 24045.6 B&P <input type="checkbox"/> Person Conducting Estate Wine Sale per Section 24045.8 B&P <input type="checkbox"/> Women's Educational and Charitable Organization per Section 24045.3 B&P <input type="checkbox"/> Other Special Temporary License Per Section: License #: Amount:
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SECTION 2. EVENT DETAILS

Event Dates <i>5/10/25</i>	Total # of Days <i>1</i>	Hours of Alcoholic Beverage Sales, Service and/or Consumption <i>12 PM To 5 PM</i>	Virtual Event <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mark Yes, if the event is 100% virtual
Event Address (Street #, Name, and City) <i>9155 Graton Rd, Graton</i>		Event Location Description (Jones Park, Pavilion A, etc.) <i>Lot</i>	Location Within the City Limit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Event Type <input type="checkbox"/> Barbeque <input type="checkbox"/> Dinner <input type="checkbox"/> Sporting Event <input type="checkbox"/> Birthday <input checked="" type="checkbox"/> Festival <input type="checkbox"/> Social Gathering <input type="checkbox"/> Concert <input type="checkbox"/> Lunch <input type="checkbox"/> Wedding <input type="checkbox"/> Carnival <input type="checkbox"/> Mixer <input type="checkbox"/> Other: <input type="checkbox"/> Dance <input type="checkbox"/> Picnic		Type of Entertainment <i>Live band</i>	Event Open to Public <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Estimated Attendance <i>500</i>	Security Guard <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, How Many <i>5</i>
		Outdoor Event <input checked="" type="checkbox"/> Yes* <i>If Yes, a diagram of the event area is required</i> <input type="checkbox"/> No		

REQUIRED

By checking this box, you are certifying that you understand the requirements detailed in Business and Professions (B&P) Code Section 25682(c) which state that a nonprofit organization that has obtained a temporary daily license from the department must designate a person(s) to receive RBS training certification prior to the event, and that designated person(s) shall remain onsite for the duration of the event.

SECTION 3. CONTACT INFORMATION

Contact Person <i>Toxi Immel</i>	Phone Number <i>949.293.5837</i>	Email Address <i>timmel2030@gmail.com</i>
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SECTION 4. SIGNATURES AND APPROVALS

I attest that I am authorized by the organization named above to make this application on its behalf.

Organization's Authorized Representative Name <i>Chad Davison</i>	Phone Number <i>925-727-2938</i>	Signature <i>Chad Davison</i>	Date Signed <i>3/20/25</i>
Property Owner Approval By (Name) Required <i>Chad Davison</i>	Phone Number <i>925-727-2938</i>	Signature <i>Chad Davison</i>	Date Signed <i>3/20/25</i>
Law Enforcement Approval By (Name), If applicable	Phone Number	Signature	Date Signed
District Office Approval By (Name)	Phone Number	ABC Employee Signature	Issuance Date

The above named organization is hereby licensed, pursuant to the California B&P Code Division 9 and California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the abovenamed location for the period authorized above. B&P Code Section 25682(c) requires that a designated RBS-trained person(s) shall remain on site for the duration of the event. Failure to comply with this requirement will result in immediate cancellation of the permit. This license may be revoked summarily by the department if, in the opinion of the department and/or the local law enforcement agency, it is necessary to protect the safety, welfare, health, peace and morals of the people of the State.

