

#### AMADOR COUNTY COMMUNITY DEVELOPMENT AGENCY

### PLANNING DEPARTMENT

COUNTY ADMINISTRATION CENTER

810 COURT STREET

JACKSON, CA 95642-2132

WEBSITE: www.amadorgov.org E-MAIL: planning@amadorgov.org

PHONE: (209) 223-6380 FAX: (209) 223-6254

#### **Early Consultation Application Referral**

TO:

ACTC Transportation and Public Works Department

AFPD Waste Management Department

Amador Air District Buena Vista Band of Me-Wuk Indians\*\*
Amador LAFCO Calaveras Band of Mi-Wuk Indians\*\*

Amador Transit Chicken Ranch Rancheria of Me-Wuk Indians\*\*

Amador Water Agency Ione Band of Miwok Indians\*\*

Building Department Jackson Rancheria Band of Miwuk Indians\*\*

Cal Fire Nashville Enterprise Miwok- Maidu-

Caltrans, District 10 Nishinam Tribe\*\*

CDFW, Region 2 Shingle Springs Band of Miwok Indians\*\*

County Counsel United Auburn Indian Community of the Auburn

Environmental Health Department Rancheria\*\*

Sheriff's Office Washoe Tribe of Nevada and California\*\*

Surveying Department

**DATE:** February 17, 2022

**FROM:** Krista Ruesel, Planning Department

**PROJECT:** Request for a zone change from the "X," Special Use zoning district to the "AG," Exclusive

Agriculture zoning district in conjunction with a request for inclusion of 40 acres into a

California Land Conservation Act (CLCA) Contract. APN: 011-140-036

Applicant: Kristine E. Cazadd, Trustee of the BD Trust

Supervisorial District: 1

Location: 9949 State Highway 88 Jackson, CA 95642

**REVIEW:** 

As part of the preliminary review process, this project is being sent to State, Tribal, and local agencies for their review and comment. The Technical Advisory Committee (TAC) will review the project application for completeness during its regular meeting on Thursday, **March 3, 2022 at 1:00 p.m.** in the Board of Supervisors Chambers at the County Administration Building, 810 Court Street, Jackson, California as well as via

teleconference

\*\*In accordance with Public Resources Code Section 21080.3.1, this notice constitutes formal notification to those tribes requesting project notification. This notification begins the 30-day time period in which California Native American tribes have to request consultation.



# PLANNING DEPARTMENT LAND USE AGENCY

**COUNTY ADMINISTRATION CENTER** 

810 Court Street • Jackson, CA 95642-2132 Telephone: (209) 223-6380

website: www.co.amador.ca.us e-mail: planning@co.amador.ca.us

## **APPLICATION FOR ZONE CHANGE**

Appli	cati	on fo	r a zoning change shall include the following:		
	1	. A.	Name of Property Owner Jason Robert Cozadd Kristine Cazadd		
			Mailing Address 9939 State Highway 88		
			Jackson, CA 95642		
Я			Phone Number 209 217-425 2 209 283-0154		
			f.,		
		В.	Name of Applicant Jason Cazado frastine Cazado		
			Mailing Address 9739 State Highway S8		
			Jackson, CA 95642		
			Phone Number 209 2/1-4252 209 283 0154		
			K 2 - 122 2 1 1 1 1		
		C.	Name of Representative KECAZAOD & gmull: Com		
			Mailing Address & BCAZADD & gmail.com		
			Phone Number		
-	2.		Assessor Parcel Number(s) 011-140-036		
	3.		Letter of application explaining purpose of request, description of proposed uses, and other		
-3			pertinent information. Note: It is to your benefit to be as specific as possible with your application information.		
	4.		Letter of authorization if landowner is being represented by another party.		
	5.		Submit a plot plan of parcel showing location of project in relation to property lines and any existing		
			structures/improvements (roads, parking areas, etc.) on the property as well as all proposed structures/improvements (may wish to make separate maps). NOTE: An Assessor Plat Map can be		
		_	obtained from the Surveying and Engineering Department for the		
	6		purpose of aiding in drawing of the plot plan.		
	6.		Copy of deed(s) to property.		
	7.		Completed Environmental Information Form and Indemnification Agreement.		
	8.		Filing fee of \$ (see attached schedule of fees).		
	9.		Application Form to be signed at the time of project presentation in the Planning Department.		

#### INDEMNIFICATION

Project:	Agricu Hural	Preserve	Request	
	.)			

In consideration of the County's processing and consideration of the application for the discretionary land use approval identified above (the "Project") the Owner and Applicant, jointly and severally, agree to defend, indemnify, and hold harmless the County of Amador from any claim, action, or proceeding against the County to attack, set aside, void or annul the Project approval, or any action relating related to the Project approvals as follows:

- 1. Owner and Applicant shall defend, indemnify, and hold harmless the County and its agents, officers or employees from any claim, action, or proceeding against the County or its agents, officers or employees (the "County") to attack, set aside, void or annul the Project approval, or any prior or subsequent determination regarding the Project, including but not limited to determinations related to the California Environmental Quality Act, or Project condition imposed by the County. The Indemnification includes, but is not limited to, damages, fees, and or costs, including attorneys' fees, awarded against County. The obligations under this Indemnification shall apply regardless of whether any permits or entitlements are issued.
- 2. The County may, within its unlimited discretion, participate in the defense of any such claim, action, or proceeding if the County defends the claim, action, or proceeding in good faith.
- 3. The Owner and Applicant shall not be required to pay or perform any settlement by the County of such claim, action, or proceeding unless the settlement is approved in writing by Owner and Applicant, which approval shall not be unreasonably withheld.

IN WITNESS WHEREOF, by their signature below, Owner and Applicant hereby acknowledge that they have read, understand, and agree to perform the obligations under this Indemnification.

Applicant:

Owner (if different than Applicant):

Signature

ignature

## REQUEST TO FORM AGRICULTURAL PRESERVE

I hereby request the Board of Supervisors of Amador County to establish my property, described below, in an agricultural preserve in accordance with the provisions of the California Land Conservation Act of 1965. In the event that the Board elects to establish such a preserve, I also request that the Board direct the Planning commission to initiate hearings to rezone said land to an "AG," Exclusive Agriculture zone. I also request that the Assessor consolidate the tax parcels on said land wherever possible. I understand the inclusion of said land in an agricultural preserve is conditioned on the execution of a land conservation contract between myself and Amador County.

Item A	Signature(s) of all owner(s), owner(s) of interest, and lien holder(s) as shown on the attached title report.		
<u>Item B</u>	Attach current title report.		
Item C	Attach legal description of all property included in this request.		
Item D	Attach Assessor's parcel map(s) of property. Outline exactly that property included in this request. Show on map(s) how property is used and summarize on the table below. List uses and acreages within request only. Attach additional sheets if necessary.		

Assessor's		Agricultural U	ses	Compatible Uses	
Parcel No.	Acres	Description	Acres	Description	Acres
011-140-036	10	Vineyard		Grazing pastare	25
				2	
Total Acres in request.	40				

Are there uses on the property which are not listed on either the agricultural or compatible use lists?	No	
If so, explain below.		

2.

#### IMPROVEMENT AND INCOME STATEMENT

1. PERMANENT AGRICULTURAL IMPROVEMENTS

Type of Improvement	Estimated Value	
Barn(s) Timproved barn storage	\$ 30,000.00	
Corral(s)	500,00	
Fences	¥1,000.00	
Wells	15,000.00	
Water Systems / Pond	15,000.00	
Other (specify) Wine Cave	\$160,000.00	
TOTAL	K	

ESTIMATED INCOME		
Use	Estimated Annual Income	
Grape Sales	\$50,000,00	
	(C-1)	
TOTAL		

I certify that the information presented in this application is true and correct to the best of my knowledge.

NAME: Kristing Cazada.

ADDRESS: 10865 Suiter Circle

CITY: Sutter Creek (A 95685

PHONE: 309 283-0154

Additional persons to be notified concerning action on this request:

NAME: Say Cazada NAME:

ADDRESS: 9939 St. thighway 88

ADDRESS: 9939 St. thighway 88

CITY: Jackson Ct. 95642

PHONE: 209 217-4253

PHONE: PHONE: PHONE:

Order No. 39352 ER-UPDATE #1

#### EXHIBIT "A"

All that real property situated in the State of California, County of Amador, described as follows:

#### PARCEL 1

READJUSTED PARCEL 1, as said parcel is shown and delineated on the revised Record of Survey Boundary Line Adjustment for Kathleen Rosa Casazza, et al, filed for record on December 24, 2002, in Book 55 of Maps and Plats, at Page 24, Records of Amador County.

#### PARCEL 2

Those certain 50' Access and Public Utility Easement shown on the map shown hereinabove.

Except any portions thereof lying within Readjusted Parcel 1 as shown and delineated on said Record of Survey.

APN: 011-140-036

\*\*\*\*

""RECORDING REQUESTED BY:

Western Land Title Company, Inc.

Order No.: 39352-ER

APN: 011-140-036-00

When Recorded Mail Document and Tax Statements to:

Kristine E. Cazadd 10865 Sutter Circle Sutter Creek, CA 95685



Amador County Recorder Sheldon D. Johnson

DOC- 2011-0004304-00

Acct 3-Western Land Title Co

Thursday, JUN 02, 2011 09:37:00

Ttl Pd \$427.00

Nbr-0000209794 CT1/R1/1-2

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

#### **Grant Deed**

Monument Preservation Fee is \$10.00

The undersigned grantor(s) declare(s):

Documentary Transfer Tax is 407.00

(X) computed on full value of property conveyed, or

( ) computed on full value less of liens and encumbrances remaining at time of sale.

(X) Unincorporated area:

( ) City of

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Brian C. Jorgensen and Joy E. Jorgensen

hereby GRANT(S) to

Kristine E. Cazadd, Trustee of the BD Trust

that property in Unincorporated area of Amador County, State of California, described as follows:

\* \* \* See "Exhibit A" attached hereto and made a part hereof. \* \* \*

Date:

May 12, 2011

Brian C. Jorgensen

E Aproposon

State of CA

County of Amador

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

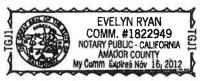
WITNESS my hand and official seal.

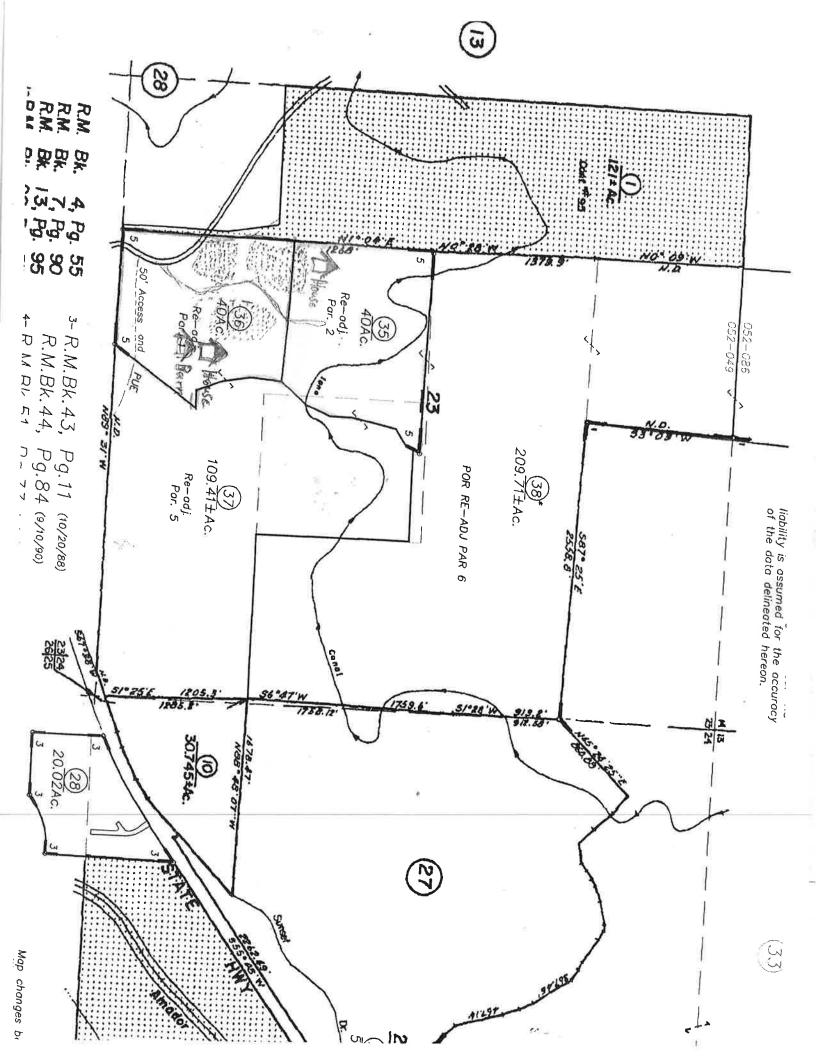
Signature

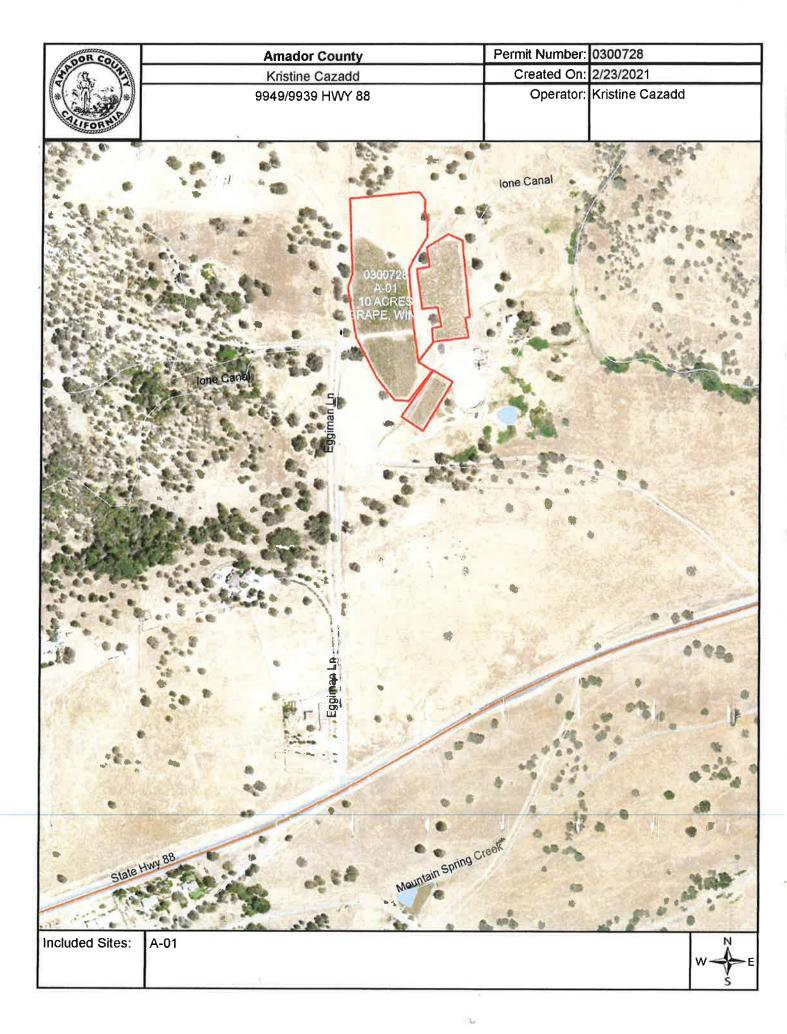
Name

Evelyn Ryan (typed or printed)

(Area reserved for official notarial seal)







## OFFICIAL RECEIPT

COUNTY OF AMADOR Jackson, California

게 없다면 그런 사람들이다.			Date December 20.19
RECEIVED FROM Cazado	Fami	Ly Faci	n + Vineyards cic
ADDRESS 9939 512	e Hia	h.wa.y	88 Jackson, LA 95642
Three-thousand, for	ur -hun	dred	and sixty-six+100 DOLLARS (\$ 3,466.00)
For New Williamson	Act	Contrac	+ + Zone Change from X->AG
for Cazadd, K	dist T	Jason i	+ + Zone Change from X-7AG (2C-19;12-1), and Recording
Admin Fee (52	1283.00	8 + C	1/123.00 + 6 50.00) APNS 011-140-035 + 011-140-036
ACCOUNT	How	Paid 🗸	
Amount Due \$ 3466,00	Cash		Planning Department
Amount Paid \$3466 100	Check	1379	By Kristrofuerel
	Money Order		Deputy
			Nº 89155
The second secon			Ref. No: G. 045005