

APPENDIX **E**  
**Project Referral Form**

<b>TRUCKEE TAHOE AIRPORT ENVIRONS            APPLICATION FOR MAJOR LAND USE ACTION REVIEW            TRUCKEE TAHOE AIRPORT LAND USE COMMISSION</b>		ALUC Identification No.
<b>PROJECT PROPONENT (TO BE COMPLETED BY APPLICANT)</b>		
Date of Application	_____	
Property Owner	_____	Phone Number _____
Mailing Address	_____ _____ _____	
Agent (if any)	_____	Phone Number _____
Mailing Address	_____ _____ _____	
<b>PROJECT LOCATION (TO BE COMPLETED BY APPLICANT)</b>		
<i>Attach an accurately scaled map showing the relationship of the project site to the airport boundary and runways</i>		
Street Address	_____ _____	
Assessor's Parcel No.	_____	Parcel Size _____
Subdivision Name	_____	
Lot Number	_____	Zoning Classification _____
<b>PROJECT DESCRIPTION (TO BE COMPLETED BY APPLICANT)</b>		
<i>If applicable, attach a detailed site plan showing ground elevations, the location of structures, open spaces and water bodies, and the heights of structures and trees; include additional project description data as needed</i>		
Existing Land Use (describe)	_____ _____ _____	
Proposed Land Use (describe)	_____ _____ _____	
For Residential Uses	Number of Parcels or Units on Site (include secondary units) _____	
For Other Land Uses	Hours of Use _____	
	Number of People On Site...	Maximum Number _____ Method of Calculation _____
Height Data	Height above Ground or Tallest Object (including antennas and trees)	_____ ft.
	Highest Elevation (above sea level) of Any Object or Terrain on Site	_____ ft.
Flight Hazards	Does the project involve any characteristics which could create electrical interference, confusing lights, glare, smoke, or other electrical or visual hazards to aircraft flight?	<input type="radio"/> Yes <input type="radio"/> No
	If yes, describe	_____ _____

<b>REFERRING AGENCY (TO BE COMPLETED BY AGENCY STAFF)</b>	
Date Received _____	Type of Project
Agency Name _____	<input type="radio"/> General Plan Amendment
Staff Contact _____	<input type="radio"/> Zoning Amendment or Variance
Phone Number _____	<input type="radio"/> Subdivision Approval
Agency's Project No. _____	<input type="radio"/> Use Permit
	<input type="radio"/> Public Facility
	<input type="radio"/> Other _____
<b>ALUC SECRETARY'S REVIEW (TO BE COMPLETED BY ALUC SECRETARY)</b>	
Application _____	Date Received _____
Receipt _____	By _____
	Is Application Complete? <input type="radio"/> Yes <input type="radio"/> No
	If no, cite reasons _____
Primary Criteria Review	Compatibility Zone(s) <input type="radio"/> A <input type="radio"/> B1 <input type="radio"/> B2 <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E
	Allowable (not prohibited) Use? <input type="radio"/> Yes <input type="radio"/> No
	Density/Intensity Acceptable? <input type="radio"/> Yes <input type="radio"/> No
	Open Land Requirement Met? <input type="radio"/> Yes <input type="radio"/> No
	Height Acceptable? <input type="radio"/> Yes <input type="radio"/> No
	Easement/Deed Notice Provided? <input type="radio"/> Yes <input type="radio"/> No
Special Conditions	Describe: _____
Supplemental Criteria Review	Noise _____
	Safety _____
	Airspace Protection _____
	Overflight _____
<b>ACTIONS TAKEN (TO BE COMPLETED BY ALUC SECRETARY)</b>	
ALUC Secretary's Action	<input type="radio"/> Approve    Date _____
	<input type="radio"/> Refer to ALUC
ALUC Action	<input type="radio"/> Consistent    Date _____
	<input type="radio"/> Consistent with Conditions (list conditions/attach additional pages if needed)
	_____
	<input type="radio"/> Inconsistent (list reasons/attach additional pages if needed)
	_____
December 2004	