

APPENDIX E
Project Referral Form

TRUCKEE TAHOE AIRPORT INFLUENCE AREA APPLICATION FOR MAJOR LAND USE ACTION REVIEW TRUCKEE TAHOE AIRPORT LAND USE COMMISSION		ALUC Identification No.
PROJECT PROPONENT (TO BE COMPLETED BY APPLICANT)		
Date of Application	_____	
Property Owner	_____	Phone Number _____
Mailing Address	_____ _____ _____	
Agent (if any)	_____	Phone Number _____
Mailing Address	_____ _____ _____	
PROJECT LOCATION (TO BE COMPLETED BY APPLICANT)		
<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	_____	Zoning _____
Lot Number	_____	Classification _____
PROJECT DESCRIPTION (TO BE COMPLETED BY APPLICANT)		
<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	_____ _____

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