



TRINITY COUNTY

PLANNING DEPARTMENT

P.O. Box 2819

Weaverville, CA 96093

530-623-1351

530-623-1353 (FAX)

Date: 1/20/2006

REQUEST FOR COMMENTS

To:

- ☐ County Assessor's Office
- ☐ County Building and Development Services
- ☐ County Environmental Health
- ☐ County Public Works/Surveyor
- ☐ Commissioner:
- ☐ Supervisor:
- ☐ Caltrans - District: _____
- ☐ C.D.F./County Fire Chief's Association
- ☐ B.L.M.
- ☐ Calif. Dept. of Fish & Game

- ☐ North Coast Water Quality Control
- ☐ North Coast Unified Air Quality Management Dist.
- ☐ Northeast information Center - Chico State
- ☐ Forest Service: None
- ☐ Fire District: None
- ☐ C.S.D.: None
- ☐ Trinity P.U.D.
- ☐ Nor El Muk
- ☐ Other:
- ☒ Other: _____

The following project has been submitted to the Trinity County Planning Department for discretionary action (Use Permit, Rezone, Subdivision, etc.). An assessment of the potential impacts of the project is being made. Please review and submit comments **by February 21, 2006**.

Project Description:

Indian Creek Rehabilitation Project: Trinity River Mile 93.7 to 96.5

Environmental Evaluation:

Notice of Preparation for a Joint Draft Environmental Impact Report (EIR) and Environmental Assessment (EA)

APN Multiple APN's Involved

Existing Zoning: Rural Residential 2½ ac, Rural Residential 5 ac, Highway Commercial, Open Space, Ag Forest 20 ac, Ag Forest 80 ac, Timber Production Zone, & Flood Hazard

Upstream Sec: 4 **Twn.32N** **Rge.9W**

Existing General Plan: Rural Residential, Commercial, & Village

Downstream Sec: 1 **Twn.32N** **Rge.10W**

Applicant: BOR Trinity River Restoration Program

Address: PO Box 1300; 1313 Main Street

Weaverville, CA 96093

Phone: (530) 623-1800

Agent: Brandt Gutermuth

PO Box 1300; 1313 Main Street

Weaverville, CA 96093

Phone: (530) 623-1806

For information regarding this project **contact** Joshua Allen, Assistant Planner (530)623-1351 X 3411

Comments:

- ☐ No Comment.
- ☐ See attached comments.
- ☐ We have reviewed the above request and have the following comments:

Date: _____

Reviewing Agency: _____ Signature: _____

Telephone Number: _____ Printed Name: _____