



County of San Diego, Planning & Development Services  
**ZONING VERIFICATION PERMIT**  
**WIND TURBINE PROJECT - SMALL**  
**ZONING DIVISION**

Please complete the following form and submit in conjunction with your Building Permit Application (PDS Form 291). A Zoning Verification Permit to verify that a small wind turbine complies with Section 6951 of the County Zoning Ordinance is required prior to the issuance of a Building Permit.

Assessor's Parcel No (APN): \_\_\_\_\_

Owner's Name: \_\_\_\_\_ (If different from owner) Owner's Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
Number Street City State Zip

Owner's email: \_\_\_\_\_ Owner's Fax: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ (If different from owner) Applicant's Phone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
Number Street City State Zip

Applicant's email: \_\_\_\_\_ Applicant's Fax: \_\_\_\_\_

Project Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Project Contact's email: \_\_\_\_\_ Project Contact's Fax: \_\_\_\_\_

*Project Information*

Project Name: \_\_\_\_\_

Project Address & Nearest Cross Street: \_\_\_\_\_

Are any wind turbines currently located onsite? YES  NO  If yes, please provide the manufacturer, rated capacity and height: \_\_\_\_\_

How many new turbines are proposed? \_\_\_\_\_ Please provide the manufacturer, rated capacity and height for each turbine: \_\_\_\_\_

Your application and plans will be "speaking" for you, so it is important that your project is described in complete detail. Please provide any other information you believe is relevant to the processing of your project.

I declare under penalty of perjury under the laws of the State of California that the statements made as part of this application are true and correct. I hereby agree to provide the indemnification as required by Chapter 2 of Division 6 of Title 8 of the San Diego County Code.

**NOTE: If Agent signs below, attach Letter of Authorization.**

----- OFFICIAL USE ONLY -----

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Signator's Name

\_\_\_\_\_  
Date

**FOR DEPARTMENT USE ONLY**

	<b>Existing</b>	<b>Proposed</b>
General Plan Designation	_____	_____
Regional Category	_____	_____

**For Administrative Permits and Use Permits**

Describe use:

\_\_\_\_\_

\_\_\_\_\_

ZONE		
USE REGULATIONS		
ANIMAL REGULATIONS		
<b>DEVELOPMENT REGULATIONS</b>	Density	
	Lot Size	
	Building Type	
	Maximum Floor Area	
	Floor Area Ratio	
	Height	
	Lot Coverage	
	Setback	
Open Space		
SPECIAL AREA REGULATIONS		

Thomas Guide (Page / Grid) \_\_\_\_\_

Tax Rate Area \_\_\_\_\_

Total Acres \_\_\_\_\_ No. of lots \_\_\_\_\_

Planning Group \_\_\_\_\_

Community Plan \_\_\_\_\_

Supervisor District \_\_\_\_\_

Within: Rural Village Boundaries?  YES  NO      Village Boundaries?  YES  NO      Special Study Area?  YES  NO

Project is within a Specific Plan?        If yes, name of Specific Plan \_\_\_\_\_

Project is subject to the County Groundwater Ordinance?  YES  NO      FP-2  YES  NO

	<b>YES</b>	<b>NO</b>
Project is within 1/2 mile of a Regional Park?	<input type="checkbox"/>	<input type="checkbox"/>
Project is within 1 mile of a Highway?	<input type="checkbox"/>	<input type="checkbox"/>
Project is within 1 mile of a City?	<input type="checkbox"/>	<input type="checkbox"/>
Project is proposed for Septic?	<input type="checkbox"/>	<input type="checkbox"/>
Project is proposed for Sewer?	<input type="checkbox"/>	<input type="checkbox"/>
Project is a Violation Case?	<input type="checkbox"/>	<input type="checkbox"/>
Military Notice is required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project is within 150' of the International Border?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, name of City \_\_\_\_\_

**If yes, please notify local Office of Immigration and Naturalization. See Board of Supervisor's Policy I-111.**

If the subject parcel was created through a PM or B/C, have you verified that all Covenants of Improvement have been satisfied? YES  NO  **IF NO, DO NOT ACCEPT THE APPLICATION.**

Is there a different owner of mineral rights than the owner of real property? YES  NO

If yes, identify name and address: \_\_\_\_\_

Technician Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Technician's comments: \_\_\_\_\_

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