



APPLICATION FOR DETERMINATION REGARDING SUSPENSION OF STATE STATUTES, RULES, REGULATIONS, AND REQUIREMENTS RELATED TO THE SOUTHERN CALIFORNIA WILDFIRES

Complete EACH field and attach additional pages if necessary.

APPLICATION TO: THE RESOURCES AGENCY: CALFIRE or DFG; OR CAL/EPA (Check one box only.)

1A. LANDOWNER

Name			
Street Address			
City, State, Zip			
Telephone		Fax	
Email			

1B. PERSON, BUSINESS, OR AGENCY RESPONSIBLE FOR WORK IF DIFFERENT FROM LANDOWNER

Name			
Business/Agency			
Street Address			
City, State, Zip			
Telephone		Fax	
Email			

2. LOCATION OF CLEANUP OR RESTORATION WORK

Address or description of work location. <i>(Include a map that marks the location of the work with a reference to the nearest city or town, and provide the Assessor's Parcel Number(s) and driving directions from a major road or highway.)</i>	
<input type="checkbox"/> Continued on additional page(s)	
Name of any river, stream, or lake the work might affect?	
Name of any waterbody to which the affected river, stream, or lake is a tributary?	

3. STATUTES, RULES, REGULATIONS, OR REQUIREMENTS FOR CLEANUP OR RESTORATION WORK

List or describe the State requirements you believe might apply to the work you are proposing, and explain why you believe they were suspended under the Governor's Executive Order.
<input type="checkbox"/> Continued on additional page(s)

4. NATURE OF CLEANUP OR RESTORATION WORK

Estimated date work will begin.	
Estimated date work will be completed.	
Identify the type of property the emergency affected by checking the appropriate box(es) below.	
<input type="checkbox"/> Bridge, culvert, or other water crossing <input type="checkbox"/> Dwelling or other building <input type="checkbox"/> Levee or other bank protection <input type="checkbox"/> Road <input type="checkbox"/> Tree/Vegetation Removal <input type="checkbox"/> Sensitive Species Habitat <input type="checkbox"/> Utility <input type="checkbox"/> Other (describe): _____	
Describe the work.	
<input type="checkbox"/> Continued on additional page(s)	
Briefly describe the dimensions (e.g., length and width) of the area(s) affected by the emergency and the work area.	
<input type="checkbox"/> Continued on additional page(s)	
Describe any special status species the work might affect.	
<input type="checkbox"/> Continued on additional page(s)	

5. SIGNATURE

I hereby certify that to the best of my knowledge that (a) the work described herein is necessary to remedy damage caused by the Southern California Wildfires Disaster, (b) the information in this application is true and correct, and (c) I am authorized to sign this Application as, or on behalf of, the person, business, or agency responsible for the work.	
_____ Signature of Applicant or Applicant's Authorized Representative	_____ Date
_____ Print Name	

<i>FOR AGENCY USE ONLY</i>			
<i>Date Received</i>		<i>Determination Number</i>	