TAHOE REGIONAL PLANNING AGENCY

Mail
PO Box 5310
Stateline, NV 89449-5310

Location
128 Market Street
Stateline, NV 89449

Contact
Phone: 775-588-4547
Fax: 775-588-4527
www.trpa.gov

SHOREZONE PROJECT APPLICATION

☐ New Pier ☐ Water Intake Line ☐ Boat Ramp ☐ Shoreline Protective Structure
☐ Pier Modification* ☐ Concessions ☐ Beach Raking ☐ Filling & Dredging
☐ Floating Platforms ☐ Banking ☐ Transfer ☑ Other
☐ New Buoys, Buoy Relocation, & Low-Water Blocks
**Use this checklist for new boat lifts*

Applicant AT&T California

Mailing Address 1375 Capital Blvd City Reno State NV

Zip Code 89502 Email td1963@att.com Phone (775) 858- 7603

Representative or Agent Sammy Rodriguez

Mailing Address 11828 Springs Head Loop City Austin State TX

Zip Code 78717 Email sammy@r3xgroup.com Phone (254) 723 - 0013

Owner State of California ☐ **Same as Applicant**

Mailing Address _____ City _____ State CA

Zip Code _____ Email _____ Phone _____

Project Location/Assessor's Parcel Number (APN) See Supplemental Letter

Street Address 0 None, South Lake Tahoe, CA

County: El Dorado **Previous APN(s)** _____

Local Plan: El Dorado County General Plan

Property Restrictions/Easements *(List any deed restrictions, easements, or other restrictions below in the space provided.)*

☑ None _____

_____

I hereby declare under penalty of perjury that all property restrictions and easements have been fully disclosed. **Initial here:** SR

Is the property owner a member of a homeowners' or similar association or club? ☐ Yes ☑ No

If so, name of homeowner's association or similar association: _____

APPLICATION SIGNATURES

DECLARATION:

I hereby declare under penalty of perjury that this application and all information submitted as part of this application is true and accurate to the best of my knowledge. I am the owner of the subject property or have been authorized in writing by the owner(s) of the subject property to represent this application, and I have obtained authorization to submit this application from any other necessary parties holding an interest in the subject property. I understand it is my obligation to obtain such authorization, and I further understand that TRPA accepts no responsibility for informing these parties or obtaining their authorization. I understand that should any information or representation submitted in connection with this application be inaccurate, erroneous, or incomplete, TRPA may rescind any approval or take other appropriate action. I hereby authorize TRPA to access the property for the purpose of site visits. I understand that additional information may be required by TRPA to review this project.

Signature:

Tammy Rodriguez _____ At El Dorado _____ Date: 9/27/2022

Owner or Person Preparing Application *County*

AUTHORIZATION FOR REPRESENTATION:

Complete this section only if an agent or consultant is submitting this application on behalf of the property owner.

The following person(s) own the subject property **(Assessor's Parcel Number(s)**_____**)** or have sufficient interest therein (such as a power of attorney) to make application to TRPA:

Print Owner(s) Name(s):

_____

_____

I/We authorize _____ to act as my/our representative in connection with this application to TRPA for the subject property and agree to be bound by said representative. I understand that additional information may be required by TRPA beyond that submitted by my representative, to review this project. Any cancellation of this authorization shall not be effective until receipt of written notification of same by TRPA. I also understand that should any information or representation submitted in connection with this application be incorrect or untrue, TRPA may rescind any approval or take other appropriate action. I further accept that if this project is approved, I, as the permittee, will be held responsible for any and all permit conditions.

Owner(s) Signature(s):

_____ Date: _____

_____ Date: _____

FOR OFFICE USE ONLY

File Number: _____

Date Received: _____ Received By: _____

Filing Fee: $_____ Receipt No.: _____