



## LAND CAPABILITY VERIFICATION INFORMATION & APPLICATION

Use this application to request an evaluation of your property to determine the land capability score and percent of base allowed coverage. Please note, single-family residential properties that are currently vacant or were built after 1987 are reviewed under the Individual Parcel Information System ([IPES](#)).

### I. APPLICATION PROCESS

- Step 1:** **Determine if a land capability verification is needed.** If land capability has already been verified on your property, there is no need for another evaluation. Visit the [parcel tracker](#) to view TRPA records relating to land capability and IPES. In some cases, your local building department may have land capability data in their records.
- Step 2:** **Determine where to submit your land capability verification application.** To streamline review, TRPA has [delegated review](#) to local building departments around the lake. If your property is in El Dorado County (outside city limits) or Placer County, submit your land capability verification application at the building department office. For properties in the City of South Lake Tahoe, Washoe County and Douglas County, as well as all lakefront properties, submit your application to TRPA.
- Step 3:** **Prepare a site plan.** The application checklist details all elements that must be included on the site plan. Professional surveys are not required, but the site plan must have accurate topographic contour lines and be to scale. View a sample site plan.
- Step 4:** **Complete the application form in this packet and gather all required checklist items.**
- Step 5:** **Determine your [application fees](#).**
- Step 6:** **Submit your application and required checklist items to TRPA.**
- Step 7:** **Work with a Planner.** Once your application is received it will be assigned to a planner for field verification and further review. It may not be possible to conduct a site visit when there is snow on the ground.
- Step 8:** **Receive your results.** Upon completion of review, your land capability verification results will be sent to your mailing address.
- Step 9:** **Appeal Procedures:** Land Capability can be re-reviewed at any time through the [land capability challenge](#) process.

### II. APPLICATION CHECKLIST

- Completed and signed application form**
- [Application filing fee](#)
- Three (3) copies of the existing site plan (preferred size 24" x 36") showing the following:**
  - Property lines, easements, building setbacks, and edge of pavement at street
  - Map scale, north arrow
  - Assessor's Parcel Number (APN), property address, property owner(s) name(s)
  - Topographic contour lines at 2-foot intervals
  - Parcel area in square feet
  - High and low water line, if adjacent to lake

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## LAND CAPABILITY VERIFICATION APPLICATION

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**Applicant** \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Representative or Agent** \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Owner** \_\_\_\_\_  Same as Applicant

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Project Location/Assessor's Parcel Number (APN)** \_\_\_\_\_

Street Address \_\_\_\_\_

County \_\_\_\_\_ Previous APN (if any) \_\_\_\_\_

**Property Access/Information** (gate, dogs, etc.) \_\_\_\_\_

**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:** \_\_\_\_\_

## 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:

\_\_\_\_\_ At \_\_\_\_\_ Date: \_\_\_\_\_  
*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.: \_\_\_\_\_

