



EL DORADO COUNTY BUILDING SAFETY DIVISION

TRPA LAND COVERAGE EXEMPTION (PART 14)

PROPERTY INFORMATION

West Shore _____ South Shore _____ (check one)

Assessor's Parcel Number: _____

Property Location or Address: _____

Property Owner's Name: _____

Application Number _____

Date _____ Rec'd by _____

Phone: _____

Mailing Address: _____

P.O. Box or Street

City

State

Zip

E-mail address: _____

Phone #: _____

Land Capability Rating 1 through 3 4 through 7 (check one) Lot Total Footage _____ sqft

Proposed Coverage (sqft) for Each Type of Exempted Coverage

Non Perm Bldg _____

Pervious Deck _____

Driveway _____

Copy of Best Management Practices Certificate provided

(Should have received from TRPA once completed)

I have read the requirements for Exemptions & Partial Exemptions from Calculations of Land Coverage. The information I have provided is accurate and in compliance with those requirements. I agree to comply with all applicable county ordinances and state laws relating to the land coverage's within the Lake Tahoe Basin.

Property owner's signature: _____

Date: _____

Driver's License # _____

Expiration date: _____

Please note: All information provided to this department is "public record" and available upon request.

For Office Personnel Use:

BMP Certificate Received: _____ Parcel Size _____ Max Aggregate Coverage Exempt (10%) _____

I.P.E.S. Score _____ Land Capability _____

Proposed Coverage Non Perm Bldg _____ Pervious Deck _____ Driveway _____

Receipt # _____ Fee Amount Paid: _____

Office Personnel Verification Signature: _____ Date _____