
Appendix E

Project Referral Form

Placer County Airport Land Use Compatibility Plan



REFERRING AGENCY (TO BE COMPLETED BY AGENCY STAFF)

Date Received	_____	Type of Project
Agency Name	_____	G General Plan Amendment
	_____	G Zoning Amendment or Variance
Staff Contact	_____	G Subdivision Approval
Phone Number	_____	G Use Permit
Agency's Project No.	_____	G Public Facility
	_____	G Other _____

ALUC SECRETARY'S REVIEW (TO BE COMPLETED BY ALUC SECRETARY)

Application	Date Received	_____	By	_____			
Receipt	Is Application Complete?	G Yes	G No				
	If no, cite reasons	_____					
Airport	G Auburn Municipal	G Blue Canyon	G Lincoln Regional				
	G Other Location (describe) _____						
Primary	Compatibility Zone(s)	G A	G B1	G B2	G C1	G C2	G D
Criteria	Allowable (not prohibited) Use?	G Yes	G No	_____			
Review	Density/Intensity Acceptable?	G Yes	G No	_____			
	Open Land Requirement Met?	G Yes	G No	_____			
	Height Acceptable?	G Yes	G No	_____			
	Easement/Deed Notice Provided?	G Yes	G No	_____			
Special Conditions	Describe: _____						
Supplemental	Noise	_____					
Criteria		_____					
Review	Safety	_____					

	Airspace Protection	_____					

	Overflight	_____					

ACTIONS TAKEN (TO BE COMPLETED BY ALUC SECRETARY)

ALUC Secretary's	G Approve	Date	_____
Action	G Refer to ALUC		
ALUC	G Consistent	Date	_____
Action	G Consistent with Conditions (list conditions/attach additional pages if needed)		

	G Inconsistent (list reasons/attach additional pages if needed)		

