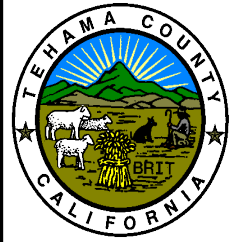


**TEHAMA COUNTY PLANNING DEPARTMENT**

444 Oak Street, Room "1", Courthouse Annex Second Floor  
 Red Bluff, California 96080

Telephone (530) 527-2200 Fax (530) 527-2655 Email: planning@co.tehama.ca.us

**TIER 1 CERTIFICATE OF COMPLIANCE**



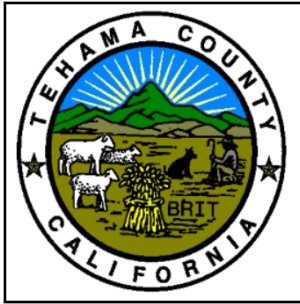
**INSTRUCTIONS FOR FILING A CERTIFICATE OF COMPLIANCE**

**Instructions:**

Please complete the attached application and return it to the Tehama County Planning Department along with:

<b>Certificate of Compliance Tier 1 Requirement Matrix</b>						
Tier 1 COC Type	Copy of Driver License from Property Owner on Current Deed	Current Deed	Pre-March 4, 1972 Deed	Pre-March 4, 1972 Patent & Description	Government or Public Utility Conveyance Document & Description	Legal Description for Multiple Parcel Request
Parcel Created by Pre-March 4, 1972 Deed	X	X	X			X
Parcel Created by Pre-March 4, 1972 Patent	X	X		X		X
Parcel Created by Subdivision/Parcel Map after August 1929	X	X				X
Parcel reflected in Lot Line Adjustment or Merger after September 2000	X	X				X
Parcel reflected in Lot Line Adjustment or Merger Approved by TAC, Planning Com. Or Board of Sup.	X	X				X
Parcel Created by Government or Public Utility Conveyance Document	X	X			X	X
Parcel depicted on Pre- August 1929 or Lot Line Adjustment or Merger and conveyed by Deed (or Deed of Trust)	X	X				X

**\*\*Additional Information may be required in order to complete the Certificate of Compliance process. A Conditional Certificate of Compliance may be issued to require alterations and/or public improvements necessary to bring the parcel(s) into conformity with the State Subdivision Map Act and County ordinances prior to the issuance of any future construction permits.**



**TEHAMA COUNTY PLANNING DEPARTMENT**

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 Red Bluff, CA 96080  
 Phone(530) 527-2200  
 Fax (530)527-2655  
 Email: [planning@co.tehama.ca.us](mailto:planning@co.tehama.ca.us)

**TIER 1 CERTIFICATE OF COMPLIANCE APPLICATION**

TO BE COMPLETED BY PLANNING STAFF			
FILE NUMBER <b>COC #</b>	RECEIPT NUMBER: _____ DATE: _____		
GENERAL PLAN:	AMOUNT: _____		
ZONING:	RECEIVED BY: _____		
TO BE COMPLETED BY APPLICANT (PLEASE PRINT OR TYPE)			
EXISTING LAND USE:	ACREAGE:	ASSESSOR'S PARCEL NUMBER(S)	
NAME OF PROPERTY OWNER(S):			TELEPHONE NUMBER:
ADDRESS:	CITY:	STATE:	ZIP CODE:
PROPERTY OWNER(S) SIGNATURE (COPY OF DRIVERSE LICENSE REQUIRED)			DATE
PROPERTY OWNER(S) SIGNATURE (COPY OF DRIVERSE LICENSE REQUIRED)			DATE
PROPERTY OWNER(S) SIGNATURE (COPY OF DRIVERSE LICENSE REQUIRED)			DATE
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