



COUNTY OF MENDOCINO

DEPARTMENT OF PLANNING AND BUILDING SERVICES

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Administrative Permit Renewal Form

(Family Care Unit/Construction Support only)

Case Number _____

Date Rec _____

Fees Paid _____

Receipt # _____

Staff _____

PLEASE CHECK THE APPROPRIATE BOX AND RETURN TO THE ADDRESS NOTED ABOVE WITH ANY APPLICABLE FEES.

- ☐ THE LIVING UNIT IS NO LONGER NEEDED AND HAS BEEN REMOVED FROM THE PROPERTY AND THE ADMINISTRATIVE PERMIT IS NO LONGER NEEDED.

DATE REMOVED _____

- ☐ THE LIVING UNIT IS STILL IN USE AS A FAMILY CARE UNIT. I UNDERSTAND THAT I WILL NEED TO APPLY FOR A NEW/RENEW ADMINISTRATIVE PERMIT. I AM ENCLOSING THE FILING FEE OF _____ AS REQUIRED. I AM AWARE THAT I AM RESPONSIBLE FOR RENEWING THE PERMIT WITHOUT BEING NOTIFIED BY MENDOCINO COUNTY TO DO SO. WHEN THE LIVING UNIT NO LONGER MEETS THE REQUIREMENTS OF FAMILY CARE/CONSTRUCTION SUPPORT UNIT UNDER AN ADMINISTRATIVE PERMIT, I MUST NOTIFY MENDOCINO COUNTY AND STOP USING THE STRUCTURE AS LIVING SPACE.

- ☐ I AM NO LONGER USING THE UNIT AS A FAMILY CARE UNIT/CONSTRUCTION SUPPORT UNIT AND WOULD LIKE TO CONVERT TO ANOTHER USE (AS PERMITTED) PLEASE CONTACT THIS OFFICE WITHIN 30 DAYS FROM THE DATE OF THIS LETTER FOR INFORMATION ON HOW TO CONVERT.

Administrative Permit Application # _____

Owner Name (Print): _____

Applicant Name (Print): _____

Site Address: _____ APN: _____

City: _____ State: _____ Zip: _____

Applicant Signature: _____ Date: _____

Please fill out and return the Renewal form with a copy of the enclosed letter. A non-response to this request will deem this application closed. If at a future date, it is determined that the use is still in existence, it may be determined to be a Violation of County Code and action may be taken.