# **AGENDA WORKSHEET**

***Submit completed worksheet to:***

*Siskiyou County Clerk, 510 N Main St, Yreka, CA 96097*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **45 minutes** | **Meeting Date:** | **May 2, 2023** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Hailey Lang, Community Development Department** | **Phone:** | **842-8203** |
| **Address:** | **806 South Main Street** |
| **Person Appearing/Title:** | **Planning Director**  |
| **Subject/Summary of Issue:** |
| Introduce, waive, and approve the second reading of the ordinance, changing the zoning of APN 025-370-380 from Timber Production Zone (TPZ) to Rural Residential (RR) for the Kidder Creek Orchard Camp project. Certify the Final Environmental Report in accordance with CEQA Guidelines Sections 15091 and 15092 and direct staff to file a Notice of Determination. Also, review and approve the Mitigation Monitoring Report in accordance with CEQA Guidelines Section 15097. Lastly, approve UP 11-15 with modified Conditions of Approval. |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:*  |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: |  |  |  |  |  |
| Fund:  |  |  | Description: |  | Org.: |  | Description: |  |
| Account: |  |  | Description: |  |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |  |
|       |
| **Recommended Motion:** |
| I move to take the following actions:1. Introduce, waive, and approve the second reading of the ordinance, changing the zoning of APN 025-370-380 from Timber Production Zone (TPZ) to Rural Residential (RR); and 2. Approve a resolution approving: (1) the Kidder Creek Orchard Camp use permit application, (2) certifying the project’s Environmental Impact Report and adopt Project Alternative Number 4 (reduced occupancy), and (3) adopting a mitigation and monitoring reporting plan.  |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |
| *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* |       |
| CAO |       |       |

***NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 1/15/15