

DEPARTMENT: Planning BY: Tony Lashbrook PHONE: 966-5151

RECOMMENDED ACTION AND JUSTIFICATION:

Adopt a resolution denying the appeal and upholding the Planning Commission's approval of Variance Application No. 90-8. The variance was submitted to allow the installation of a leachfield within the rear yard setback area established by the Zoning Code. The area proposed for the septic system is the only area on this Ponderosa Basin lot which meets the Health Department requirements for setbacks to drainage ways. Planning Commission Resolution No. 90-18 contains the findings required for the variance.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has not previously reviewed this matter. The Variance application was submitted on 8-23-90 to allow for the installation of a leachfield in the zoning setback area. The location was based upon an engineered design developed based upon communication with Health Dept. staff. The appeal has been filed by the adjacent property owner based upon a concern that his ability to install a septic system will be affected by the variance.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Deny appeal which would allow for the leachfield in the location approved by the variance and would allow the applicant to proceed with home construction.
2. Uphold appeal which would require installation of the leachfield within the Health Department setbacks or render the lot unbuildable.

COSTS: () Not Applicable

- A. Budgeted current FY \$ _____
- B. Total anticipated costs \$ _____
- C. Required add'l funding \$ _____
- D. Source: _____

SPECIAL INSTRUCTIONS:

List the attachments and number the pages consecutively:

1. Letter of appeal
2. Planning Commission Res. No. 90-18
3. P. C. Minutes from hearing
4. Staff Report and appurtenant material.

SOURCE: () 4/5ths Vote Required

- A. Internal transfers \$ _____
- B. Unanticipated revenues \$ _____
- C. Reserve for Contingency \$ _____

D. Description: _____

Balance in Reserve for Contingency if approved: \$ _____

CLERK'S USE ONLY:

No.: 90-553
No.: _____
Ayes: 5 Noes: _____

ADMINISTRATIVE OFFICER'S Res.

RECOMMENDATION: Ord.
This item on agenda as: Vote -

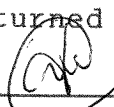
Absent: _____ Abstained: _____

kw Approved () Denied
() Minutes Order Attached

- Recommended
- Not Recommended
- For Policy Determination
- Submitted With Comment
- Returned for Further Action

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____

Comment: 

ATTEST: MARGIE WILLIAMS
County of Mariposa, State of CA

By: _____
Deputy

A.O. Initials: _____

Action Form Revised 12/89