



**VESCO PERMIT EXTENSION APPLICATION**

This permit extension process may grant an additional five years to an existing active VESCO permit.

- Extension application must be filled prior to current VESCO permit expiration.
- Any change in ownership, engineer, or project manager must be updated on extension application.
- 5 year extension period will begin at extension approval date.
- Extension does not grant any changes to existing VESCO project parameters.

Fees for application review, processing, and inspection(s) will be assessed at the current Land Stewardship Division hourly rate and billed by the ¼ hour. For current hourly rate, please visit <http://sonomacounty.ca.gov/AWM/fees>.

Extension applications may be submitted electronically via email to [sonomaag@sonoma-county.org](mailto:sonomaag@sonoma-county.org), submitted to our front desk, or placed in the drop box located outside our office.

OFFICE USE ONLY		
Date Received: _____ / _____ / _____	Fee Paid: \$ _____	Application Acres: _____
Extension Issued: _____ / _____ / _____	Extension Number: ACR _____ - _____	
Issued By: _____	<input type="checkbox"/> Level I <input type="checkbox"/> Level II	
Site Address: _____		
City: _____	APN: _____	

**VESCO PERMIT TO BE EXTENDED**

PERMIT NUMBER: ACO \_\_\_\_\_ - \_\_\_\_\_      SITE ADDRESS: \_\_\_\_\_

**CONTACT INFORMATION**

**PROPERTY OWNER:** \_\_\_\_\_ Check if **BILLING CONTACT:**

BUSINESS NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**APPLICANT/LEASEE** (if different): \_\_\_\_\_ Check if **BILLING CONTACT:**

BUSINESS NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**GRAPE VARIETAL(S)**

FROM: _____	TO: _____	ACRES: _____
FROM: _____	TO: _____	ACRES: _____
FROM: _____	TO: _____	ACRES: _____
FROM: _____	TO: _____	ACRES: _____

**REMINDERS**

1. Permit extensions may only be issued once per VESCO permit.
2. Details of original permit and approved plans must be followed.
3. Notify Department of Agriculture/Weights & Measures (AWM) within 30 days of project completion to schedule a site inspection by calling (707) 565-2371 or by emailing [sonomaag@sonoma-county.org](mailto:sonomaag@sonoma-county.org). Please reference property address and extension number when doing so.

**PROJECT AUTHORIZATION DECLARATION**

I, \_\_\_\_\_, declare under penalty of perjury that the information provided in connection with this application is true and correct to the best of my knowledge. I understand that issuance of an extension does not relieve me of the obligation to comply with other federal, state, or local laws or regulations, or from liability for violations of those laws and regulations. I acknowledge that the County of Sonoma is not authorizing a take of any federal or state endangered species by issuance of this extension, and I further declare under penalty of perjury that I will take all steps necessary to comply with any applicable provisions of the state and federal endangered species acts, and all other applicable state and federal laws. I waive any claims of liability for damages against the County of Sonoma and its contractors, and agree to indemnify the County of Sonoma and its contractors from and against any claims, suits, or liabilities, arising out of activities I undertake based on the issuance of this extension. I further understand that if an extension is not issued within one year following the filing of an extension application, the extension application shall expire without any further action by the Department of Agriculture/Weights & Measures. I further understand that after the expiration of an extension application, a new extension application and associated fees must be submitted for the Department of Agriculture/Weights & Measures to further consider my extension application. I further understand that extended VESCO permits expire five (5) years from the issue date.

Also, I understand that fees will apply for application review and site visit(s) required by Department staff. I further understand that they will be based on the at-cost Land Stewardship Division hourly rate\* and billed by the ¼ hour. I further understand that I will be billed for the actual time spent to provide these services and payment will be due within 30 days of invoicing. I further understand and agree that I am responsible for paying these costs even if I withdraw the application.

I authorize entry by the Department of Agriculture/Weights & Measures and its contractors onto all areas where development is occurring under this application at all reasonable times or whenever an emergency exists to determine whether I am complying with extension terms.

APPLICANT/OWNER NAME (print): \_\_\_\_\_

APPLICANT/OWNER SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*For current Land Stewardship Division hourly rate, please visit <http://sonomacounty.ca.gov/AWM/fees>.

*Application for extension must be authorized by the owner of the property. If not signed by the owner, written consent from the property owner must be included with the application packet.*