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EIN 20-3349581

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“Biological Integrity, Fiscal Accountability, Community Transparency”

## APPLICATION FOR MITIGATION EVALUATION

**INSTRUCTIONS:** Provide all information on the form that applies to your project. An incomplete application will delay processing. Please make it simple for our team to find the relevant information requested. For example, specify details on the application form, and attach a printout of the relevant page(s) from your permit or report describing the specific project impacts and required mitigation. Application fee of \$500 supports review of application and is nonrefundable. Review typically takes 6 to 8 weeks for response. Application does not guarantee mitigation services.

**Applications are accepted by US Mail only (no deliveries). Please mail to:**  
**Antelope Valley Conservancy**  
**P.O. Box 8**  
**Lake Hughes, CA 93532-0008**

1. **APPLICATION DATE:** \_\_\_\_\_ **DATE MITIGATION NEEDED BY:** \_\_\_\_\_

2. **APPLICANT**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

3. **AGENT/CONSULTANT (if applicable)**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

4. **APPLICATION FEE \$500** Enclosed check # \_\_\_\_\_ payable to Antelope Valley Conservancy.

**5. PROJECT DESCRIPTION** (Add lines if necessary)

Project Title: \_\_\_\_\_

Project Timetable: \_\_\_\_\_

Project Land Use: \_\_\_\_\_

Project Location: State: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_

APN(s) \_\_\_\_\_

Watershed Name / USGS # \_\_\_\_\_

Lead Agency: Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

**6. MITIGATION DESCRIPTION** (Duplicate and repeat sections if necessary)

Mitigation Required By:  Lead Agency Stated Above

Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Mitigation Categories (check all that apply):

<input type="checkbox"/> Animal	<input type="checkbox"/> Botanical	<input type="checkbox"/> Archeological	<input type="checkbox"/> Wetland	<input type="checkbox"/> Riparian	<input type="checkbox"/> Streambed
<input type="checkbox"/> On Site	<input type="checkbox"/> Off Site	<input type="checkbox"/> Preservation	<input type="checkbox"/> Restoration	<input type="checkbox"/> Enhancement	<input type="checkbox"/> Creation
<input type="checkbox"/> ESA	<input type="checkbox"/> CESA	<input type="checkbox"/> CEQA	<input type="checkbox"/> CDFG	<input type="checkbox"/> USACE	<input type="checkbox"/> RWQCB

Other, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Mitigation Requirements, such as streambed, specific species, specific vegetation (add lines as needed):

Mitigation Item	Req'd Acres (or Lin Ft)	Description

Has the U.S. Fish and Wildlife Service issued a Biological Opinion?      \_\_\_\_\_ yes                      \_\_\_\_\_ no  
 If yes, list date Opinion was issued \_\_\_\_\_

Has the CA Dept. of Fish and Wildlife issued a Comment or Opinion?      \_\_\_\_\_ Yes (attached)      \_\_\_\_\_ no

Has any kind of Take Permit been issued in connection with the subject project?  
 Permit Type: \_\_\_\_\_ Permit Number: \_\_\_\_\_

**7. WATERSHED RESOURCES**

If your project involves watershed resources, please complete this section.

(a) Federal Permit File No.(s) (if known) \_\_\_\_\_  
 Individual - list Corps control number \_\_\_\_\_  
 Nationwide – list permit number \_\_\_\_\_

(b) CDFG Streambed Alteration Agreement issued?      \_\_\_\_\_ yes (attach copy)      \_\_\_\_\_ no  
 Applying for Agreement      \_\_\_\_\_ yes (attach copy)      \_\_\_\_\_ no  
 Exempt      \_\_\_\_\_ yes      \_\_\_\_\_ no  
 If exempt from a Streambed Alteration Agreement, state why: \_\_\_\_\_

(c) Storm water permit obtained?      \_\_\_\_\_ yes      \_\_\_\_\_ no  
 Filed Notice of Intent with the SWRCB      \_\_\_\_\_ yes      \_\_\_\_\_ no      \_\_\_\_\_ date  
 Prepared Storm Water Pollution Prevention Plan (SWPPP)      \_\_\_\_\_ yes      \_\_\_\_\_ no  
 If you believe that a Storm Water permit is not necessary, state why \_\_\_\_\_

**8. ADDITIONAL COMMENTS (use as much space as necessary: \_\_\_\_\_)**

**9. ATTACHMENT CHECKLIST:**

- Lead/Trustee Agency Communication from \_\_\_\_\_
- Map of Subject Property or Proposed Mitigation Land
- Photograph(s) of Subject Property (quantity: \_\_\_\_\_)
- Application Fee \$500 (check or money order only)
- NOP / EIR with relevant sections highlighted
- Study / Survey      Specify: \_\_\_\_\_
- Other      Specify: \_\_\_\_\_
- Other      Specify: \_\_\_\_\_