



**PARTICIPATING SPECIAL ENTITY (PSE) APPLICATION FORM**

Date Submitted to RCA: \_\_\_\_\_

**PSE Applicant/Agency Contact Information**

Name of Agency, Applicant or Entity seeking PSE Status : \_\_\_\_\_

Address and Website: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

**Consultant Representative Information**

Name of Firm: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**Project Information**

**Attach/send electronic shapefiles of project impacts and boundary areas – Your application will be deemed incomplete without this information**

Project Name: \_\_\_\_\_

Project APNs: \_\_\_\_\_

Project Acreage: \_\_\_\_\_

Which species do you need Take Authorization for? \_\_\_\_\_

Project Type: (check one)

\_\_\_\_ Utility: Type \_\_\_\_\_

\_\_\_\_ Water/Wastewater

\_\_\_\_ School District

\_\_\_\_ Other: \_\_\_\_\_

Project Description including on and off site facilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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When, for how long, and how often will Proposed Activity take place? : \_\_\_\_\_  
\_\_\_\_\_

Is Take Authorization needed for operations and maintenance? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Reserve Assembly**

MSHCP Area Plan: \_\_\_\_\_

Is the Project Located in the Criteria Area? \_\_\_\_\_

If yes, what are the affected Cell(s)? \_\_\_\_\_  
\_\_\_\_\_

Is the Project located either partially or wholly on Public/Quasi-Public (PQP) Lands? \_\_\_\_\_

If yes, Will project affect the biological conservation value of these PQP lands? \_\_\_\_\_

If yes, **attach PQP replacement analysis.** (See Section 3.2.1 of the MSHCP.)

Is the Project a Covered Activity, as described in Section 7 of MSHCP?

\_\_\_\_\_ Yes: List which Section of MSHCP describes the Project, along with justification of how project meets the definition of a Covered Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ No. If the project is located in the Criteria Area, **attach description** of how project relates to Reserve Assembly requirements by assessing project’s location in relation to the Cell Criteria.

**MSHCP Survey Requirements**

**Section 6.1.2: Riparian, Riverine, Fairy Shrimp and Vernal Pool Habitats**

Attach biological report(s) addressing the presence/absence of the following:

Does the project footprint impact riparian habitat? \_\_\_\_\_

Does the project footprint impact riverine habitat? \_\_\_\_\_

Does the project footprint impact vernal pools? \_\_\_\_\_



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Does the project footprint impact fairy shrimp? \_\_\_\_\_

**If yes to any of the above, attach a DBESP.**

Does the project footprint impact (directly or indirectly) suitable habitat for species listed in Section 6.1.2?

- \_\_\_\_\_ Yes: Attach focused surveys.
- \_\_\_\_\_ No: Attach documentation.

**Section 6.1.3 – Narrow Endemic Plant Species Survey Area (NEPSSA)**

Is the project subject to NEPSSA surveys? \_\_\_\_\_

If yes, **attach Habitat Assessment and any relevant Focused Surveys.**

**Attach DBESP** if 90% of the habitat with long term conservation value is NOT being avoided.

**Section 6.3.2 – Additional Species Surveys**

Is the project subject to surveys? \_\_\_\_\_

If yes, **attach Habitat Assessment and any relevant Focused Surveys.**

**Attach DBESP** if 90% of the habitat with long term conservation value is NOT being avoided.

**Section 6.1.4 – Urban Wildlands Interface Guidelines**

\_\_\_\_\_ **Attach documentation** how project is consistent with this Section of MSHCP.

Do you currently have or have had any other approvals or permits related to the Proposed Activity described in this Application?

- \_\_\_\_\_ Yes: Please list name of the approvals/permits and the authorizing agenc(ies) on separate pages.
- \_\_\_\_\_ No.

Signature (in ink) of Authorized Agent for Participating Special Entity:	Date (mm/dd/yyyy):
Print Name:	

**SUBMIT (2) Hard Copies of Application and all relevant materials/reports to:**  
**Regional Conservation Authority**  
**Riverside Centre Building**  
**3403 10<sup>th</sup> Street, Suite 320**  
**Riverside, CA 92501**

Revised 9/22/2009