



CITY OF TURLOCK DEVELOPMENT SERVICES
PLANNING DIVISION
156 SOUTH BROADWAY, SUITE 120
TURLOCK CA 95356 (209) 665-6600

UNIFORM APPLICATION FORM

(PLEASE PRINT OR TYPE)

RECEIVED
Hosley
AUG 28 2017

CITY OF TURLOCK
BUILDING INSPECTION DIVISION

Project Information

PROJECT ADDRESS 3124 WCHRISTOFFERSEN PKWY ,TURLOCK CA 9532ASSESSOR'S PARCEL NUMBER: 087 - 030 - 009 AREA OF PROPERTY (ACRES OR SQUARE FEET): 3 ACRESEXISTING ZONING: A RE RL RM RH CO CC ☒ CT I IBP PD _____ Downtown _____

GENERAL PLAN DESIGNATION: A VLDR LDR MDR HDR O Comm Comm Heavy Comm I

DESCRIBE THE PROJECT REQUEST: The original plan called for a "future" Mobile Imaging Trailer
Adjacent to the existing Medical Office building. The Trailer Pad has already been installed.
This project provide electrical and communications hook-up for the Trailer.

Applicant Information

NOTE: Information provided on this application is considered public record and will be released upon request by any member of the public.

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Property Owner Info

Office Use Only

APPLICATION TYPE & NO.: 17-13DATE RECEIVED: 11/9/17

CASH _____ OR CHECK _____

CHECKED BY: SO

PC HEARING DATE: _____

CC HEARING DATE: _____

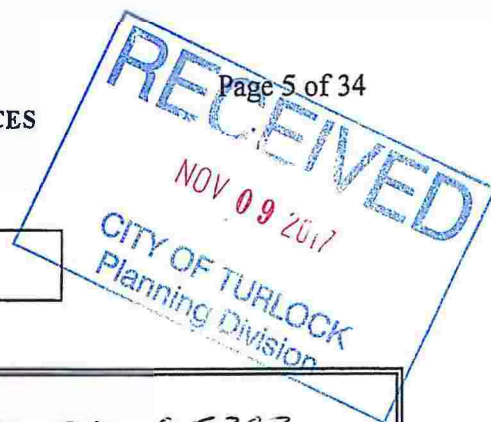
PLANNER'S NOTES: _____



CITY OF TURLOCK DEVELOPMENT SERVICES
PLANNING DIVISION
156 SOUTH BROADWAY, SUITE 120
TURLOCK, CA 95380-5456 (209)668-5640

UNIFORM APPLICATION FORM

(PLEASE PRINT OR TYPE)



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Project Information

PROJECT ADDRESS: 3124 W. Christoffersen Pkwy, Turlock, CA 95382

ASSESSOR'S PARCEL NUMBER: _____ AREA OF PROPERTY (ACRES OR SQUARE FEET): 3 acres

EXISTING ZONING: A RE RL RM RH CO CC CH CT I IBP PD _____ Downtown _____

GENERAL PLAN DESIGNATION: A VLDR LDR MDR HDR O Comm Comm Heavy Comm I

DESCRIBE THE PROJECT REQUEST: The original plan called for a "future" mobile imaging trailer adjacent to the existing medical office building. The trailer pad has already been installed. This project provide electrical and communications hook-up for the trailer.

Applicant Information

[Redacted Applicant Information]

Property Owner Info

[Redacted Property Owner Information]

Office Use Only

APPLICATION TYPE & NO.: _____

DATE RECEIVED: _____

CASH _____ OR CHECK NO. _____ / \$ _____

CHECKED BY: _____

PC HEARING DATE: _____

CC HEARING DATE: _____

PLANNER'S NOTES: _____

APPLICATION QUESTIONNAIRE

This document will assist the Planning Department in evaluating the proposed project and its potential environmental impacts. Complete and accurate information will facilitate the review of your project and minimize future requests for information. Please contact the Planning Division, 156 S. Broadway, Suite 120, Turlock, CA 95380 (209) 668-5640 if there are any questions about how to fill out this form.

PROJECT NAME:- Gould Medical Foundation_Turlock_Mobile Imaging Trailer Project

APPLICANT'S STATEMENT OF INTENT (DESCRIBE THE PROPOSED PROJECT):

The original plan created for the Gould Medical Foundation of Turlock indicated a "future"

Imaging Trailer. The site pad location has already been installed. This project provided electrical
and communications hook-ups for the Trailer.

PROJECT SITE INFORMATION:

Property Address or Location: 3124 Christoffesen PKWY, Turlock, CA 95382

Property Assessor's Parcel Number: 087-030-009

Property Dimensions: Irregular

Property Area: Square Footage _____ Acreage Approximately 3 Acres

Site Land Use: Undeveloped/Vacant _____ Developed Medical Office Building

If developed, give building(s) square footage 37,911 Two Story

LAND USE DESIGNATIONS:

ZONING:	Current:	CH-Heavy Commercial
	Proposed (If applicable):	
GENERAL PLAN	Current:	CH-Heavy Commercial
	Proposed (If applicable)	

DESCRIBE ADJACENT ZONING AND EXISTING LAND USE WITHIN 300 FEET OF PROJECT SITE:

ZONE - EXISTING LAND USE (i.e., residential, commercial, industrial)

North Multi-Family Residential Apartments

South Commercial

East Commercial

West Commercial

PROJECT CHARACTERISTICS

Site Conditions

Describe the project site as it exists before the project, including information on topography, soil stability, plants and animals, and any cultural, historical or scenic aspects (if applicable)

The Site is fully developed.

Are there any trees, bushes or shrubs on the project site? Yes If yes, are any to be removed? No
 If yes to above, please attach site plan indicating location, size and type of all trees, bushes and shrubs on the site that are proposed for removal.

Will the project change waterbody or ground water quality or quantity, or alter existing drainage patterns? No If yes, please explain:

If there are structures on the project site, attach site plan indicating location of structures and provide the following information:

Present Use of Existing Structure(s) Medical Office Building

Proposed Use of Existing Structure(s) Medical Office Building

Are any structures to be moved or demolished? No If yes, indicate on site plan which structures are proposed to be moved or demolished.

Is the property currently under a Williamson Act Contract? No If yes, contract number: _____

If yes, has a Notice of Nonrenewal been filed? _____ If yes, date filed: _____

Are there any agriculture, conservation, open space or similar easements affecting the use of the project site? No If yes, please describe and provide a copy of the recorded easement. _____

Describe age, condition, size, and architectural style of all existing on-site structures (include photos):

Less than five years old, 37,911 s.f Medical Office, Modern free standing building in sea of parking.

Proposed Building Characteristics

Size of any new structure(s) or building addition(s) in gross sq. ft. 8' x 50' Mobile Imaging Trailer

Building height in feet (measured from ground to highest point): 13'

Height of other appurtenances, excluding buildings, measured from ground to highest point (i.e. antennas, mechanical equipment, light poles, etc.):

Low (approximately 4') power connection backboard

Project site coverage:	Building Coverage:	<u>400</u>	Sq.Ft.	<u> </u>	%
	Landscaped Area:	<u>N/A</u>	Sq.Ft.	<u> </u>	%
	Paved Surface Area:	<u>N/A</u>	Sq.Ft.	<u> </u>	%
	Total:	<u>N/A</u>	Sq.Ft.	<u> </u>	<u>100%</u>

Exterior building materials: Metal

Exterior building colors: Off white

Roof materials: N/ATotal number of off-street parking spaces provided: N/A
(If not on the project site, attach a Signed Lease Agreement or Letter of Agency)

Describe the type of exterior lighting proposed for the project (height, intensity):

Building: N/AParking: N/AEstimated Construction Starting Date October 2017 Estimated Completion Date December 2017If the proposal is a component of an overall larger project describe the phases and show them on the site plan: One Phase**Residential Projects**
(As applicable to proposal)

Total Lots _____ Total Dwelling Units _____ Total Acreage _____

Net Density/Acre _____ Gross Density/Acre _____

Will the project include affordable or senior housing provisions? _____ If yes, please describe:

	Single Family	Two-Family (Duplex)	Multi-Family (Apartments)	Multi-Family (Condominiums)
Number of Units				
Acreage				
Square Feet/Unit				
For Sale or Rent				
Price Range				
Type of Unit:				
Studio				
1 Bedroom				
2 Bedroom				
3 Bedroom				
4+ Bedroom				

Commercial, Industrial, Manufacturing, or Other Project
(As applicable to proposal)

Type of use(s) Medical Imaging

Expected influence: Regional X Citywide _____ Neighborhood _____

Days and hours of operation 8 to 5 weekdays

Total occupancy/capacity of building(s): N/A Occupied by existing facility staff

Total number of fixed seats N/A Total number of employees N/A

Anticipated number of employees per shift: N/A

Square footage of:

Office area 0 Warehouse area 0

Sales area 0 Storage area 0

Loading area 0 Manufacturing area 0

Total number of visitors/customers on site at any one time: 3

Other occupants (If Applicable) N/A

Will the proposed use involve any toxic or hazardous materials or waste?

(Please explain): No

List any permits or approvals required for the project by state or federal agencies:

None

PROJECT IMPACTS

(Please compute each specific impact issue per the following criteria)

TRAFFIC

<u>Land Use</u>	<u>Weekday Trip End Generation Rates (100%Occ.)</u>
Single Family	10.0 trips/dwelling unit
Patio Homes/Townhomes	7.9 trips/dwelling unit
Condominiums	5.1 trips/dwelling unit
Apartments	6.0 trips/dwelling unit
Mobile Homes	5.4 trips/dwelling unit
Retirement Communities	3.3 trips/dwelling unit
Motel/Hotel	11 trips/room
Fast-Food Restaurant	553.0 trips/1,000 s.f. bldg. area
Retail Commercial	51.3 trips/1,000 s.f. bldg. area
Shopping Center	115 trips/1,000 s.f. bldg. area
Sit-Down Restaurant	56 trips/1,000 s.f. bldg. area
General Office	12.3 trips/1,000 s.f. bldg. area
Medical Office	75 trips/1,000 s.f. bldg. area
Institutions (Schools/Churches)	1.02 trips/student or 18.4 trips/1,000 s.f. bldg. area
Industrial Plant <500,000 s.f.	7.3 trips/1,000 s.f. bldg. area or 3.8 emp.
Industrial Warehouse	5.0 trips/1,000 s.f. bldg. area or 4.2 emp.

Projected Vehicle Trips/Day (using table above): _____

Projected number of truck deliveries/loadings per day: _____

Approximate hours of truck deliveries/loadings each day: _____

What are the nearest major streets? _____

Distance from project? _____

Amount of off-street parking provided: _____

If new paved surfaces are involved, describe them and give amount of square feet involved:

WATER**Land Use**

Single-Family Residential

Multi-Family Residential

Offices

Retail Commercial

Service Commercial/Industrial

Estimated Water Consumption Rates (gal/day)

800 gallons/day

800/3 bd unit; 533/2 bd unit; 267/1 bd unit

100 gallons/day/1,000 s.f. floor area

100 gallons/day/1,000 s.f. floor area

Variable-[Please describe the water requirements for any service commercial or industrial uses in your project.]

No Water Connection

0

Estimated gallons per day (using information above):

Source of Water:

SEWAGE**Land Use**

Single-Family Residential

Multi-Family Residential

Commercial

Office

Industrial

Estimated Sewage Generation Rates (gal/day)

300 gallons/day/unit

200 gallons/day/unit or 100 gallons/day/resident

100 gallons/day/1,000 s.f. floor area

100 gallons/day/1,000 s.f. floor area

Variable-[Please describe the sewage requirements for any industrial uses in your project.]

(General projection = 2,500 gallons/day/acre)

No sewer Connection

Estimate the amount (gallons/day) sewage to be generated (using information above):

N/A

Describe the type of sewage to be generated: N/A

Will any special or unique sewage wastes be generated by this development? N/A

SOLID WASTE

<u>Land Use</u>	<u>Estimated Solid Waste Generation (lb/day)</u>
Single-Family Residential	10.96 lbs./day/res.
Multi-Family Residential	7.37 lbs./day/unit
Commercial	50 lbs./500 s.f. floor area
Industrial	Variable-[Please describe the projected solid waste to be generated by your project.]

Type Paper Amount: Less than 50

AIR QUALITY***Construction Schedule:***

<u>Activity</u>	<u>Approximate Dates</u>
Demolition	<u>N/A</u>
Trenching	<u>November 2017, power hook up trench</u>
Grading	<u>N/A</u>
Paving	<u>N/A</u>
Building Construction	<u>N/A</u>
Architectural Coatings (includes painting)	<u>N/A</u>

Total Volume of all Building(s) to be Demolished N/A

Max Daily Volume of Building(s) to be Demolished

Total Acreage to be Graded N/A

Amount of Soil to Import/Export? N/A

PROPERTY OWNER/APPLICANT SIGNATURE:

I hereby certify that the facts, statements, and information presented within this application form are true and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this application form may result in my application being delayed or not approved by the City. I hereby certify that I have read and fully understand all the information required in this application form including:

1. the Hazardous Waste and Substance Sites List Disclosure Pursuant to California Government Code Section 65962.5(f) on page 22;
2. the Acknowledgments/Authorizations/Waivers starting on page 24; and
3. the Indemnification on page 26; and
4. the Department of Fish and Game CEQA Review Filing Fees on page 27.

Property Owner(s): (Attach additional sheets, as necessary)

Print Name and Title of Applicant/Agent

Phone Number

PROPERTY OWNER/APPLICANT SIGNATURE:

I hereby certify that the facts, statements, and information presented within this application form are true and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this application form may result in my application being delayed or not approved by the City. I hereby certify that I have read and fully understand all the information required in this application form including:

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Property Owner(s): (Attach additional sheets, as necessary)



HAZARDOUS WASTE AND SUBSTANCE SITES LIST DISCLOSURE PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 65962.5(f)

“(f) Before a lead agency accepts as complete an application for any development project which will be used by any person, the applicant shall consult the lists sent to the appropriate city or county and shall submit a signed statement to the local agency indicating whether the project and any alternatives are located on a site that is included on any of the lists compiled pursuant to this section and shall specify any list. If the site is included on a list, and the list is not specified on the statement, the lead agency shall notify the applicant pursuant to Section 65943...”

Note: You must contact Stanislaus County Environmental Resources at (209) 525-6700; AND either:

1) Contact the Department of Toxic Substances Control at (800) 728-6942; or 2) research the property on all of the following online databases:

EPA RCRA: <https://www3.epa.gov/enviro/facts/rcrainfo/search.html>

NEPAssist: <http://www.epa.gov/compliance/nepa/nepassist-mapping.html>

California DTSC Envirostor: www.envirostor.dtsc.ca.gov/public

California Geotracker: <http://geotracker.waterboards.ca.gov/>

to determine whether there are any known or potential hazards on the property.

I HEREBY CERTIFY THAT:

 THE PROJECT ***IS LOCATED*** ON A SITE WHICH IS INCLUDED ON ONE OR MORE OF THE LISTS COMPILED PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 65962.5(f). THE SITE IS INCLUDED ON THE FOLLOWING LIST(S) SPECIFIED BELOW:

Regulatory ID Number: _____

Regulatory ID Number: _____

Regulatory ID Number: _____

OR

 X THE PROJECT ***IS NOT LOCATED*** ON A SITE WHICH IS INCLUDED ON ONE OR MORE OF THE LISTS COMPILED PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 65962.5(f).

I HEREBY CERTIFY THAT THE STATEMENT FURNISHED ABOVE PRESENTS THE INFORMATION REQUIRED BY CALIFORNIA GOVERNMENT CODE 65962.5(f) TO THE BEST OF MY ABILITY AND THAT THE STATEMENT AND INFORMATION PRESENTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.