



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

Page 11 of 32

UNIFORM APPLICATION FORM

(PLEASE PRINT OR TYPE)

Project Information

PROJECT ADDRESS: 1801 Colorado Ave #240 Turlock CA 95382
ASSESSOR'S PARCEL NUMBER: 072-040-046-000 AREA OF PROPERTY (ACRES OR SQUARE FEET): 2175
EXISTING ZONING: PD229
GENERAL PLAN DESIGNATION: Medical office
DESCRIBE THE PROJECT REQUEST: Radiology office needing a temporary MRI 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.
APPLICANT: Charles Stillman PHONE NO. (550) 450-3150 E-MAIL: Charles@ValleyMRI.com
** Corporate partnerships must provide a list of principals. FAX NO. (209) 467-7335
ADDRESS OF APPLICANT: 195 Gloria Cir Menlo Park, CA 94025
CONTACT PERSON (if different than applicant): Tracy Arciniega - 209-479-6820
[Redacted] Charles Stillman 7/15/2022
PRINT NAME DATE
This fee is to be a deposit towards full cost of processing application. ☒ Yes ☐ No Applicant's Initials CS

Property Owner Info

PROPERTY OWNER: Tower Health + Wellness Center PHONE NO. 209-216-1111 E-MAIL: Tower-Health.com
ADDRESS OF PROPERTY OWNER: 1801 Colorado Ave 3400 Turlock, CA 95382
[Redacted] Sam W. Rones 6/27/22
PRINT NAME DATE
herein described property and that I have familiarized myself with this requested.

Office Use Only

APPLICATION TYPE & NO.: TULP 2022-01 DATE RECEIVED: 8/11/2022
CASH OR CHECK NO. / \$ CHECKED BY: JK
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: Valley MRI and Radiology, Inc.

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

We're opening a Radiology Center that will service the surrounding community with MRI, ultra-sound and x-rays. We're hoping to expand so we can offer CT and mammograms too. Our expectation is to use the MRI trailer for no more than 6 months.

PROPERTY OWNER'S NAME: Tower Health * Wellness Center LP

Mailing Address: 1801 Colorado Ave # 240 Turlock, CA 95382

Telephone: Business (209) 216-3400 Home ()

E-Mail Address: STW Romeo @ Tower-Health.com

APPLICANT'S NAME: Charles Stillman, DO, FACC

Phone (650) 450-3150

Address: 195 Gloria Cir. Menlo Park, CA 94025

Telephone: Business (209) 467-1000 Home (650) 450-3150

E-Mail Address: Charles @ valleymri.com

PROJECT SITE INFORMATION:

Property Address or Location: 1801 Colorado Ave #240 Turlock, CA 95382

Property Assessor's Parcel Number: 072-040-046-000

Property Dimensions: _____

Property Area: Square Footage 2175 Acreage _____

Site Land Use: Undeveloped/Vacant _____ Developed ☒

If developed, give building(s) square footage 57, 968

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

EPA: <https://enviro.epa.gov>

NEPAssist: <https://epa.gov/nepa/ncpassist>

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

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

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

☒ 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

8.17.22

Date

Charles Stillman, DO, FACP
Print Name and Title of Applicant/Agent

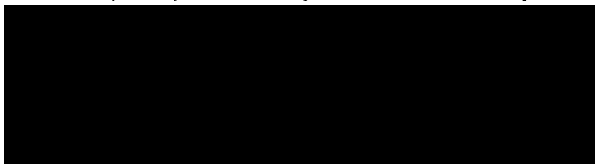
650.450.3150
Phone Number

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:

1. the Hazardous Waste and Substance Sites List Disclosure Pursuant to California Government Code Section 65962.5(f) on page 20;
2. the Acknowledgments/Authorizations/Waivers starting on page 22; and
3. the Indemnification on page 24; and
4. the Department of Fish and Wildlife CEQA Review Filing Fees on page 26.

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

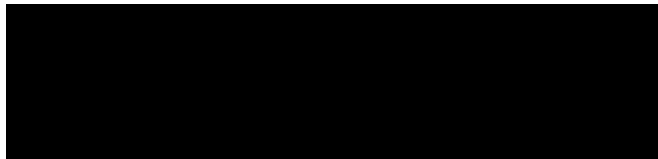


Date 8/17/22

Jim Turkmen MD

General Partner Tower Health - Wilcox Center L.P.
Print Name and Title of Property Owner Phone Number

Applicant(s): (If different than above)



Date 8.17.22

Charles Stillman, DO, FAAP
Print Name and Title of Applicant/Agent

050.450.3150
Phone Number