



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

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UNIFORM APPLICATION FORM

(PLEASE PRINT OR TYPE)

Project Information

PROJECT ADDRESS: 2925 WEST MAIN  
ASSESSOR'S PARCEL NUMBER: 089-012-007 AREA OF PROPERTY (ACRES OR SQUARE FEET): 5.08 AC  
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: NEW OFFICES, LABS & GREENHOUSES FOR  
SUNBURST PLANT DISEASE CLINIC INC.

USE ORIGINAL APPLICATION NO CHANGES

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

Applicant Information

APPLICANT SunBurst Plant Disease Clinic PHONE NO. 209-947-4442

Property Owner Info

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: SunBurst Plant Disease Clinic

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

New headquarters for an existing Turlock based business -  
offices, labs, greenhouses with parking & driveways

PROJECT SITE INFORMATION:

Property Address or Location: 2925 West Main

Property Assessor's Parcel Number: 089-012-007

Property Dimensions: 330 X 646 (Net)

Property Area: Square Footage 221,430 Acreage 5.08 ac

Site Land Use: Undeveloped/Vacant \_\_\_\_\_ Developed Ag w/ structures

If developed, give building(s) square footage 1,200, 800 & 2,100 SF

**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](http://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: \_\_\_\_\_

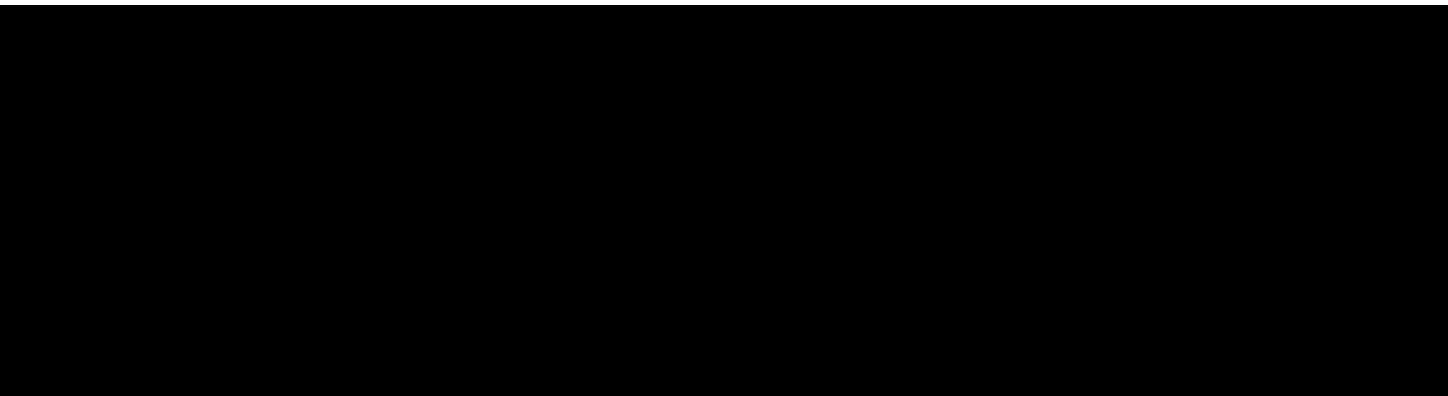
Regulatory ID Number: \_\_\_\_\_

Regulatory ID Number: \_\_\_\_\_

OR

☒ 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.



**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)

