

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)

	PROJECT ADDRESS: 700 E Olive Avenue
	ASSESSOR'S PARCEL NUMBER: 06 -03 -002 AREA OF PROPERTY (ACRES OR SQUARE FEET): 7,272 SF
	EXISTING ZONING: OR
•	GENERAL PLAN DESIGNATION: POUNTOWN
	DESCRIBE THE PROJECT REQUEST: Exterior Facade Remodel of 154 SF Office space
	Addition
—[]	
	NOTE: Information provided on this application is considered public record and will be released upon request by any member of the public.
٦∥	APPLICANT Seorge Maingo PHONE NO. 277-2517 E-MAIL: gmauvicio @ ** Corporate partnerships must provide a list of principals. FAX NO. 667-2664 farmersagent.
	** Corporate partnerships must provide a list of principals. FAX NO. 607-2604 farmersagent.
	ADDRESS OF APPLICANT: 825 W. Hawkeye Ave., TURLOCK CA 95382
	CONTACT PERSON (If different than applicant):
$\parallel \parallel$	tact, correspondence, and billing from the City unless other arrangements are made in
	PRINT NAME BATE
╢.	Applicant's Initials
F	
	PROPERTY OWNER: Grovge Mauricio PHONE NO. 277-2517 E-MAIL: Garmers gent. com
	ADDRESS OF PROPERTY OWNER: 825 W. Hawkeye Ave TURLOCK, OR 95382
	ner of the herein described property and that I have familiarized myself with this
	action requested.
	REINT NAME Action requested. 8[10/22 REINT NAME DATE
L	George Mauricio 8110/22
	Conce Mauricio 81 10/22 RIGINT NAME DATE
	PPLICATION TYPE & NO.: MDP 22-14 DATE DATE DATE DATE DATE DATE RECEIVED: 8/16/22
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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: Exterior Facade Remodel & Addition
APPLICANT'S STATEMENT OF INTENT (DESCRIBE THE PROPOSED PROJECT): to update/venovate the Existing Bldg exterior & add 1,154 sp of Addition Office grace for current Insurance Office.
PROPERTY OWNER'S NAME: George Mayricio Mailing Address: 825 W. Hawkeye Are TURLOG, OA 95382
Telephone: Business (29) 277-2517 Home () NA
E-Mail Address: gMauricio @ farmersagent, aom
APPLICANT'S NAME: Game as above)
Phone ()
Address:
Telephone: Business ()Home ()Home
E-Mail Address:
PROJECT SITE INFORMATION:
Property Address or Location: 700 E. Olive Avewe
Property Assessor's Parcel Number: 061-031-002
Property Dimensions: 95' × 76.45'
Property Area: Square Footage 7,272 & Acreage –
Site Land Use: Undeveloped/VacantDeveloped
If developed, give building(s) square footage 756 st.

LAND USE DESIG	SNATIONS:	
ZONING:	Current:	OR
	Proposed (If applicable):	Same / No change
GENERAL PLAN	Current:	Dauntown
	Proposed (If applicable)	_same/No change
DESCRIBE ADJAC SITE:	CENT ZONING AND EXIST	TING LAND USE WITHIN 300 FEET OF PROJECT
ZONE - EXI	STING LAND USE (i.e., res	idential, commercial, industrial)
North Cov	nme <u>vcia</u> l	
South GOWME	evolàl	
East SMMer	cial	
West_Resid	antial & Commercia	
,		
		HARACTERISTICS e Conditions
Describe the project solants and animals, an	ite as it exists before the proje ad any cultural, historical or so	ect, including information on topography, soil stability, enic aspects (if applicable)
Gite is a	ready developed w/c	Commercial Office Bldy & parkfy
<u> </u>		
If yes to above,	shes or shrubs on the project s please attach site plan indica are proposed for removal.	site? NO if yes, are any to be removed? NA ting location, size and type of all trees, bushes and shrubs
Vill the project change	e waterbody or ground water over, please explain:	quality or quantity, or alter existing drainage patterns?

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)		
Proposed Use of Existing Structure(s)		
Are any structures to be moved or demolished?If yes, indicate on site plan which structures are proposed to be moved or demolished.		
Is the property currently under a Williamson Act Contract? 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? If yes, please describe and provide a copy of the recorded easement		
N/A		
Describe age, condition, size, and architectural style of all existing on-site structures (include photos):		
Concrete block 1960's buildy w/old KFC Mansard Poof		
at 1,756 st.		
Proposed Building Characteristics		
Size of any new structure(s) or building addition(s) in gross sq. ft. New 1/154 SF Office Addition Building height in feet (measured from ground to highest point): New reduced Herrit to be		
Height of other appurtenances, excluding buildings, measured from ground to highest point (i.e. antennas, mechanical equipment, light poles, etc.):		
None.		
Project site coverage: Building Coverage: 2910 Sq.Ft. 40 %		
Landscaped Area: 183 Sq.Ft. 3 %		
Paved Surface Area: 4179 Sq.Ft. 57 %		
Total: 7272 Sq.Ft. 100 100%		
Exterior building materials: Smooth Stucco, Aluminum Sprennt dur awindows		
Exterior building colors: Light Brick, stucio w/dark metal Door & Window frames (See colored Elevation Scheme)		
(See colored Elevation Scheme)		

Roof materials:	Metal a ging	le-ph Roofing		
Total number of o	ff-street parking space	()	ent or Letter of Agen	су)
Describe the type	of exterior lighting pro	oposed for the project (h	neight, intensity):	
	Decovative 1		- .	
Parking:	<i>[1]</i>	(1 1,		
	ction Starting Date	9/15/22 Estin	mated Completion Da	ite 12 15 22
If the proposal is a	component of an over	all larger project descri	be the phases and sho	w them on the site plan:
N/A				
m . 1 r _ 4 .		Residential Project (As applicable to prop	posal)	
Total Lots	Total Dwelling	UnitsTotal	Acreage	
Net Density/Acre_		Gross Density/Ac	ere /	
Will the project inc	lude affordable or seni	ior housing provisions?	7	e describe;
	lude affordable or seni	-		Multi-Family
Number of Units		ior housing provisions?	If yes, pleas Multi-Family	
		ior housing provisions?	If yes, pleas Multi-Family	Multi-Family
Number of Units Acreage		ior housing provisions?	If yes, pleas Multi-Family	Multi-Family
Number of Units Acreage Square Feet/Unit		ior housing provisions?	If yes, pleas Multi-Family	Multi-Family
Number of Units Acreage Square Feet/Unit For Sale or Rent		ior housing provisions?	If yes, pleas Multi-Family	Multi-Family
Number of Units Acreage Square Feet/Unit For Sale or Rent Price Range		ior housing provisions?	If yes, pleas Multi-Family	Multi-Family
Number of Units Acreage Square Feet/Unit For Sale or Rent Price Range Type of Unit:		ior housing provisions?	If yes, pleas Multi-Family	Multi-Family
Number of Units Acreage Square Feet/Unit For Sale or Rent Price Range Type of Unit: Studio		ior housing provisions?	If yes, pleas Multi-Family	Multi-Family
Number of Units Acreage Square Feet/Unit For Sale or Rent Price Range Type of Unit: Studio 1 Bedroom		ior housing provisions?	If yes, pleas Multi-Family	Multi-Family

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

Type of use(s) Office Use
Expected influence: Regional Citywide Neighborhood
Days and hours of operation: 8 am - 5 pm M-F
Total occupancy/capacity of building(s): 29 People
Total number of fixed seats: N/K Total number of employees: 16-20
Anticipated number of employees per shift: 2-10
Square footage of:
Office area 2864 SF. Warehouse area O
Office area 2864 SF. Warehouse area O Sales area O Storage area 46 SF.
Loading area Manufacturing area O
Total number of visitors/customers on site at any one time: 4-6
Other occupants (If Applicable)None .
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

Land Use

Land Use	Weekday Trip End Generation Rates (100%Occ.)	
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	5. Chips/dy/chille dill	
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 number of truck deliveries/los Approximate hours of truck deliveries/l	oadings each day:	
What are the nearest major streets? N.	Dengir Ave & E. Main Street	
Distance from project? O to	2101	
Amount of off-street parking provided:	<u></u>	
If new paved surfaces are involved, desc	cribe them and give amount of square feet involved:	

WATER

<u>Land Use</u> Single-Family Residential Multi-Family Residential	Estimated Water Consumption Rates (gal/day) 800 gallons/day 800/3 bd unit; 533/2 bd unit; 267/1 bd unit
Offices	100 gallons/day/1,000 s.f. floor area
Retail Commercial	100 gallons/day/1,000 s.f. floor area
Service Commercial/Industrial	Variable-[Please describe the water requirements for any service commercial or industrial uses in your project.]
· .	
Estimated gallons per day (using information	above): 291 Salls/day
Source of Water: (E) City Water	
	* Adapt
SEWAGE	
Land Use	Estimated Sewage Generation Rates (gal/day)
Single-Family Residential	300 gallons/day/unit
Multi-Family Residential Commercial	200 gallons/day/unit or 100 gallons/day/resident
Office	100 gallons/day/1,000 s.f. floor area
Industrial	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)
Estimate the amount (gallons/day) sewage to b	ne generated (using information above):
·	so generated (using information above).
291 galls/day	
Describe the type of sewage to be generated: _	Restroom waste.
Will any special or unique sewage wastes be g	enerated by this development?
No.	

SOLID WASTE

Land Use Single-Family Residential	Estimated Solid Waste Generation (lb/day)
Multi-Family Residential	10.96 lbs./day/res. 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 Products (Office refuse)	_Amount:291 lbs
(Affice voluce)	
(01/100 10/100)	
AIR QUALITY	
Construction Schedule:	
Activity	Approximate Dates
Demolition	9/1/2022
m	11 /2
Trenching	
C - 1	N/m
Grading	
Descione	N/A
Paving	
Building Construction	a/15/20
Building Construction	1/15/2012
Architectural Coatings (includes painting)	11/15/0202
memicecular Coatings (includes painting)	<u> </u>
Total Volume of all Building(s) to be Demoli	ished O
Max Daily Volume of Building(s) to be Demo	
	JIBNEU
Total Acreage to be GradedO	
Amount of Soil to Import/Export?	

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 <u>all</u> of the following online databases:

EPA RCRA: https://www3.epa.gov/enviro/facts/rcrainfo/search.html
NEPAssist: http://www.epa.gov/compliance/nepa/pepassist_mapping_html

Name and Title of Applicant/Agent

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 TH LISTS COMPILED PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 65962.5(f). TH SITE IS INCLUDED ON THE FOLLOWING LIST(S) SPECIFIED BELOW:
Regulatory ID Number:
Regulatory ID Number:
Regulatory ID Number:
OR
THE PROJECT <i>IS NOT LOCATED</i> 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 EUDINGHED ADOMED BROWN BROWN
THAT THE STATEMENT AND INFORMATION PRESENTED IS TRUE AND CORRECT TO THE BEST
8/10/2022
Date
() 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:

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

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Troperty Owner(s): (Attach additional sheet)	s. as necessary)
	8/16/2022
	Date /
Print Name and Title of Property Owner	(204) 277-25 7 Phone Number
Applicant(s): (If different than above)	