



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 Information

PROJECT ADDRESS: 1015 & 1043 E. MAIN ST.
 ASSESSOR'S PARCEL NUMBER: 135 043 036-000 AREA OF PROPERTY (ACRES OR SQUARE FEET): 1.64 ACRES
 EXISTING ZONING: CO
 GENERAL PLAN DESIGNATION: _____
 DESCRIBE THE PROJECT REQUEST: TIME EXT. TO DEVELOPE A NEW ASSISTED CARE FACILITY WITH LIKELY INCLUSION OF MEMORY CARE COMPONENT

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: Guy Simile PHONE NO. 209-545-6111 E-MAIL: guy@similebuilts.com

Property Owner Info

PROPERTY OWNER: SAMB PHONE NO. _____ E-MAIL: _____
 ADDRESS OF PROPERTY OWNER: _____

Office Use Only

APPLICATION TYPE & NO.: MDF TIME EXT 2019 DATE RECEIVED: 5/22/19
 CASH _____ CHECKED BY: [Signature]
 PC HEARING DATE: _____ CC HEARING DATE: _____
 PLANNER'S NOTES: _____

APPLICATION QUESTIONNAIRE

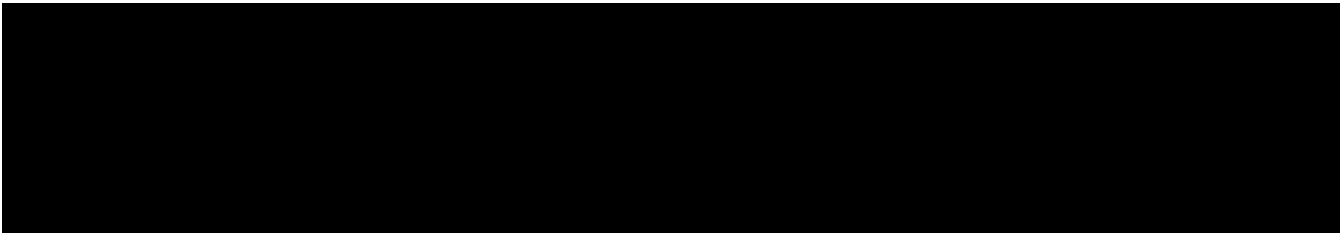
This document will assist the Planning Department in evaluating the proposed project and its potential environmental impacts. Complete and accurate information will facilitate the review of your project and minimize future requests for information. Please contact the Planning Division, 156 S. Broadway,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

PROJECT NAME: Turlock Assisted Care Center

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

Develop a new Assisted Care Facility of approximately 82 units.

PROPERTY OWNER'S NAME: Guy & Gina Simile Family Trust & Vallarine 2002 Trust



APPLICANT'S NAME: Guy Simile

Phone (209) 652-4664

Address: 4725 Enterprise Way Suite 1, Modesto, CA 95356

Telephone: Business (209) 545-6111 Home ()

E-Mail Address: Guy@simileconstruction.com

PROJECT SITE INFORMATION:

Property Address or Location: 1015 & 1043 E. Main Street

Property Assessor's Parcel Number: 042-028-003 & 042-028-004

Property Dimensions: ~435' x 205'

Property Area: Square Footage 88,122 Acreage 2.02

Site Land Use: Undeveloped/Vacant 7,200 Developed 80,922

If developed, give building(s) square footage 18,445

LAND USE DESIGNATIONS:

ZONING: Current: Office Commercial
 Proposed (If applicable): Commercial - Residential

GENERAL PLAN Current: _____
 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 Residential (High Density)

South Residential (Low Density)

East Commercial (Residential Use)

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)

Existing Medical Office Building (16,278 sf) with parking - Fully Developed
and existing two story single family residential building (2,167 sf) with front
and back yards.

Are there any trees, bushes or shrubs on the project site? Yes If yes, are any to be removed? Yes
 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? Yes If yes, please explain:

New use will involve redesign of the site, including provisions for onsite retention as required.

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) Removal

Are any structures to be moved or demolished? Yes 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):

Medical Office Building

Corner Retail Building

Single Family Residential and Outbuilding - Craftsman

Proposed Building Characteristics

Size of any new structure(s) or building addition(s) in gross sq. ft. Approximately 67,000 sf

Building height in feet (measured from ground to highest point): 30 feet

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

Not Applicable

Project site coverage:	Building Coverage: <u>~36,000</u> Sq.Ft. <u>40</u> %
	Landscaped Area: <u>~22,000</u> Sq.Ft. <u>25</u> %
	Paved Surface Area: <u>~31,290</u> Sq.Ft. <u>35</u> %
	Total: <u>~89,290</u> Sq.Ft. <u>100%</u>

Exterior building materials: See plans

Exterior building colors: See plans

Spring 2016

Roof materials: See plans

Total number of off-street parking spaces provided: 44
 (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: Shielded traditional style fixtures to comply with Cal Green Building Code

Parking: Low height, traditional style fixtures to provide code required foot-candle levels, shielded

Estimated Construction Starting Date Winter 2015/ Spring 2016 Estimated Completion Date Winter 2016/ Spring 2017

If the proposal is a component of an overall larger project describe the phases and show them on the site plan:

Residential Projects
 (As applicable to proposal)

Total Lots 1 Total Dwelling Units 82 Total Acreage 2.02

Net Density/Acre N/A Gross Density/Acre N/A

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

Assisted care facility of approximately 82 units.

	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) RESIDENTIAL CARE FACILITY FOR THE ELDERLY

Expected influence: Regional _____ Citywide Neighborhood _____

Days and hours of operation: 24 HOURS

Total occupancy/capacity of building(s): 85 RESIDENTS / UP TO 22 EMPLOYEES PER SHIFT

Total number of fixed seats: 0 Total number of employees: 40

Anticipated number of employees per shift: 22 DAY-TIME / 3 NIGHT-TIME NOC SHIFT

Square footage of:

Office area 1400 SF Warehouse area

Sales area (SEE ABOVE) Storage area

Loading area _____ Manufacturing area

Total number of visitors/customers on site at any one time: 6-10

Other occupants (If Applicable)

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

(Please explain): NONE

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

COMMUNITY CARE LICENSING / DEPT OF SOCIAL SERVICES

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

Type of use(s) _____

Expected influence: Regional _____ Citywide _____ Neighborhood _____

Days and hours of operation: _____

Total occupancy/capacity of building(s): _____

Total number of fixed seats: _____ Total number of employees: _____

Anticipated number of employees per shift: _____

Square footage of:

Office area _____

Warehouse area _____

Sales area _____

Storage area _____

Loading area _____

Manufacturing area _____

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

Other occupants (If Applicable) _____

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

(Please explain): _____

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

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 <i>82 → 270</i>
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 <i>16,877</i>
- Institutions (Schools/Churches)	1.02 trips/student or 18.4 trips/1,000 s.f. bldg. area <i>16,877 = 1,800</i>
- 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): N/A *82 x 3.3 = 270*

Projected number of truck deliveries/loadings per day: 1-2

Approximate hours of truck deliveries/loadings each day: 6 am-8 pm

What are the nearest major streets? Colorado and East Main

Distance from project? N/A

Amount of off-street parking provided: 44

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

Approximately 31,000 sf

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.]

Approximately 600 FU, 145 gpm 3" cw live

Estimated gallons per day (using information above): _____

Source of Water: City of Turlock

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)

650 FU = (3) 4" sewer lines from building

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

See above

Describe the type of sewage to be generated: Typical

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

No

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: Don't know Amount: _____

AIR QUALITY

Construction Schedule:

<u>Activity</u>	<u>Approximate Dates</u>
Demolition	<u>August 2015 - Winter 2015</u>
Trenching	<u>Winter 2015</u>
Grading	<u>Winter 2015 - Spring 2016</u>
Paving	<u>Summer 2016 - Fall 2016</u>
Building Construction	<u>Winter 2016 - Fall 2016</u>
Architectural Coatings (includes painting)	<u>Fall 2016</u>

Total Volume of all Building(s) to be Demolished ~9,000 cy
Max Daily Volume of Building(s) to be Demolished 3,200

Total Acreage to be Graded 2.0 +/-

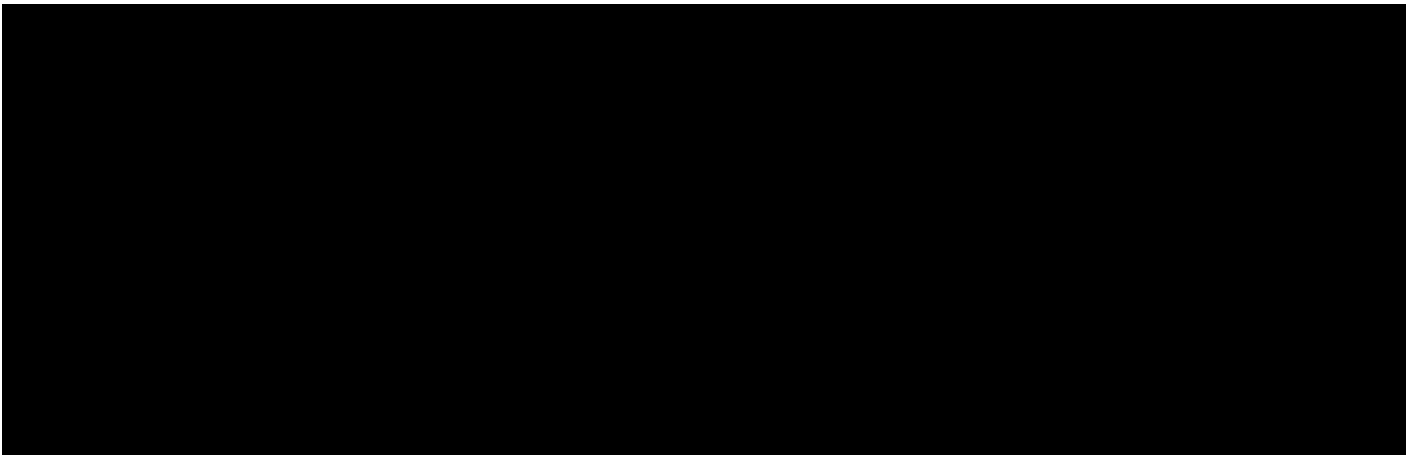
Amount of Soil to Import/Export? Not Known

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)



Applicant(s): (If different than above)

Signature of Applicant/Agent

Date

Print Name and Title of Applicant/Agent

Phone Number

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

 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.

