



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: 2991 Sun Valley Court, Turlock, CA 95382

ASSESSOR'S PARCEL NUMBER: 087-028-017 AREA OF PROPERTY (ACRES OR SQUARE FEET): 2.9

EXISTING ZONING: Heavy Commercial (CH)

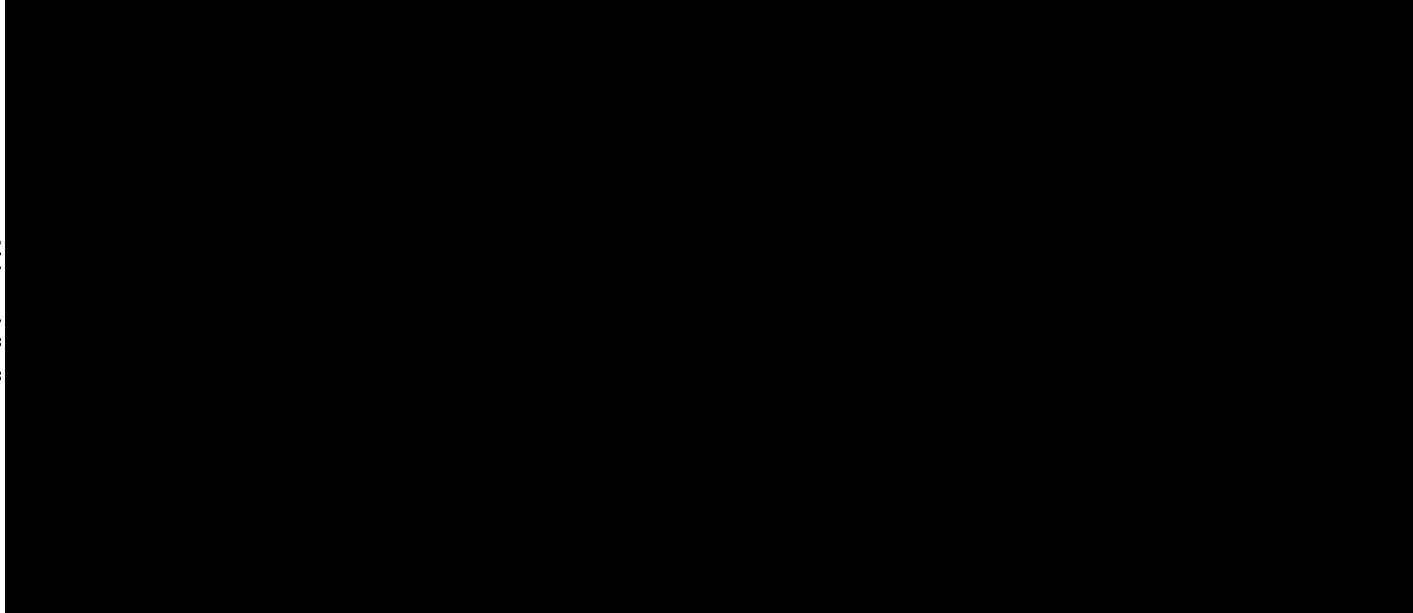
GENERAL PLAN DESIGNATION: Heavy Commercial

DESCRIBE THE PROJECT REQUEST: Time Extension. No changes to existing approved MDP 17-16.

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: Kassee Foundation Health Plan, Inc. PHONE NO: 510 987-1954 E-MAIL: chris@kassee.com



Property Owner Info

SIGNATURE OF PROPERTY OWNER _____ PRINT NAME _____ DATE _____

Application Details

APPLICATION TYPE & NO.: MDP 17-16 Time Ext DATE RECEIVED: 10/25/19

CASH _____ CHECKED BY: AW

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: Kaiser Permanente Turlock Medical Office Building

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

Time Extension. No changes to existing approved MDP 17-16.

PROPERTY OWNER'S NAME: Kaiser Foundation Health Plan, Inc.

Mailing Address: _____

Telephone: Business () _____ Home () _____

E-Mail Address: _____

APPLICANT'S NAME: Kaiser Foundation Health Plan, Inc.

Phone 510 987-1958

Address: 1950 Franklin St, 12th Floor, Oakland, CA 94612

Telephone: Business 510 987-1958 Home 510 987-1958

E-Mail Address: Christopher.X.teng@kp.org

PROJECT SITE INFORMATION:

Property Address or Location: 2981 Sun Valley Court, Turlock, CA 95382

Property Assessor's Parcel Number: 087-028-017

Property Dimensions: _____

Property Area: Square Footage _____ Acreage 2.9

Site Land Use: Undeveloped/Vacant _____ Developed _____

If developed, give building(s) square footage _____

LAND USE DESIGNATIONS:

ZONING: Current: Heavy Commercial (CH)
 Proposed (If applicable): _____

GENERAL PLAN Current: 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 _____

South _____

East _____

West _____

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)

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

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: _____

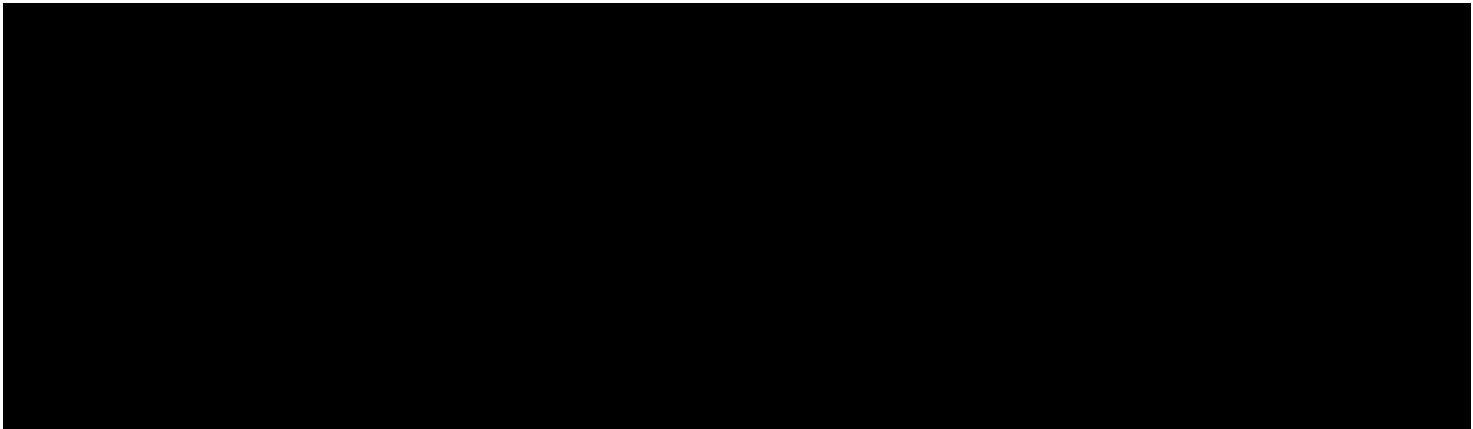
Regulatory ID Number: _____

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.



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)

Signature of Property Owner

Date

Print Name and Title of Property Owner

Phone Number

Applicant(s): (If different than above)

