



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: 501 N Golden State Blvd
ASSESSOR'S PARCEL NUMBER: 0 @ - 0 41 - 010 AREA OF PROPERTY (ACRES OR SQUARE FEET): 1.4 acres
EXISTING ZONING: Community Commercial
GENERAL PLAN DESIGNATION:
DESCRIBE THE PROJECT REQUEST: This project proposes a 75' Faux Water Tower

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 New Cingular Wireless PCS, LLC c/o Complete Wireless Consulting PHONE NO. 916-247-3047 E-MAIL: mmooore@completewireless.net

** Corporate partnerships must provide a list of principals. FAX NO.

ADDRESS OF APPLICANT: 2009 V St, Sacramento, CA 95818

CONTACT PERSON (If different than applicant): Matt Moore

*The applicant will be considered the primary point for all contact, correspondence, and billing from the City unless other arrangements are made in writing.

Macy Hab beh

Digitally signed by Macy Habbeh
DN: cn=Macy Habbeh, o=ou,
email=mhabbeh@completewireless.net, c=US
Date: 2009.09.29 13:38:40 -0700

SIGNATURE OF APPLICANT PRINTNAME DATE

This fee is to be a deposit towards full cost of processing application. Yes No Applicant's Initials

Property Owner Info

PROPERTY OWNER: Fletcher K LLC PHONENO. 415-710-9250 E-MAIL:

ADDRESS OF PROPERTY OWNER: 1801 Tiburon Blvd #800, Belvedere Tiburon, CA 94920

Consent of Owner: I declare that I am the owner of the herein described property and that I have familiarized myself with this the action requested.

Gary L. Pinkston
PRINTNAME

8/6/21
DATE

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: CVL03212

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

AT&T Mobility proposes the installation of a new, 75' tall wireless facility and associated ground equipment, to be located at the above-referenced location. Please see the attached Project Support Statement and other materials for additional information.

PROPERTY OWNER'S NAME: Fletcher K LLC

Mailing Address: 1801 Tiburon Blvd #800, Belvedere Tiburon, CA 94920

Telephone: Business (415) 710-9250

Home ()

E-Mail Address: _____

APPLICANT'S NAME: New Cingular Wireless PCS, LLC

Phone (916) 247-3047

Address: 2009 V St, Sacramento, CA 95818

Telephone: Business ()

Home ()

E-Mail Address: mmoore@completewireless.net

PROJECT SITE INFORMATION:

Property Address or Location: 501 N. Golden State Blvd

Property Assessor's Parcel Number: 060-041-010

Property Dimensions: _____

Property Area: Square Footage 800 sq ft **Acreage** 3.29

Site Land Use: Undeveloped/Vacant _____ **Developed** 38,600

If developed, give building(s) square footage _____

LAND USE DESIGNATIONS:

ZONING: Current: DC
 Proposed (If applicable): _____
 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 Downtown Core
 South Transitional Commercial
 East Downtown Core
 West Transitional 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)

The site is a fully paved location behind a shopping mall on a developed parcel.

Are there any trees, bushes or shrubs on the project site? No 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?
No If yes, please explain:

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) Commercial

Proposed Use of Existing Structure(s) Commercial

Are any structures to be moved or demolished? No 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):

The mall was constructed in 1986 and appears to be in good condition.

Proposed Building Characteristics

Size of any new structure(s) or building addition(s) in gross sq. ft. 536 for the monopole and ground equipment

Building height in feet (measured from ground to highest point): 75' tall monopole

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

75'

| | |
|------------------------|--|
| Project site coverage: | Building Coverage: _____ Sq.Ft. _____ % |
| | Landscaped Area: _____ Sq.Ft. _____ % |
| | Paved Surface Area: _____ Sq.Ft. _____ % |
| | Total: _____ Sq.Ft. _____ 100% |

Exterior building materials: metal, chain link fence

Exterior building colors: Grey/Non-reflective

Roof materials: N/ATotal number of off-street parking spaces provided: N/A

(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: 1 downward facing light with a timer will be located inside of the ground equipment lease area for emergency service only.

Parking: _____

Estimated Construction Starting Date TBD

Estimated Completion Date _____

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

Residential Projects N/A
(As applicable to proposal)

Total Lots _____ Total Dwelling Units _____ Total Acreage _____

Net Density/Acre _____ Gross Density/Acre _____

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

| | 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) Wireless

Expected influence: Regional _____ Citywide X Neighborhood _____

Days and hours of operation: 24/7

Total occupancy/capacity of building(s): N/A

Total number of fixed seats: N/A Total number of employees: N/A

Anticipated number of employees per shift: The site will be visited 1-2 times a month for routine service.

Square footage of: 536 sqft lease area.

Office area _____ Warehouse area _____

Sales area _____ Storage area _____

Loading area _____ Manufacturing area _____

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

Other occupants (If Applicable) _____

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:

Wireless carriers are required to have an active FCC license.

PROJECT IMPACTS

(Please compute each specific impact issue per the following criteria)

TRAFFIC N/A

| <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 |
| 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 Vehicle Trips/Day (using table above): N/AProjected number of truck deliveries/loadings per day: N/AApproximate hours of truck deliveries/loadings each day: N/AWhat are the nearest major streets? North Golden State Blvd. and Greer RoadDistance from project? 523'Amount of off-street parking provided: N/A

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

WATER N/ALand 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.]

Estimated gallons per day (using information above): N/A

Source of Water: _____

SEWAGE N/ALand 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)

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

N/A

Describe the type of sewage to be generated: _____

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

SOLID WASTE N/A

| <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: _____ Amount: _____

AIR QUALITY

Construction Schedule: TBD pending Planning and Building processing timelines.

| <u>Activity</u> | <u>Approximate Dates</u> |
|--|--------------------------|
| Demolition | N/A _____ |
| Trenching | TBD _____ |
| Grading | TBD _____ |
| Paving | TBD _____ |
| Building Construction | TBD _____ |
| Architectural Coatings (includes painting) | N/A _____ |

Total Volume of all Building(s) to be Demolished N/A _____

Max Daily Volume of Building(s) to be Demolished N/A _____

Total Acreage to be Graded N/A _____

Amount of Soil to Import/Export? N/A _____

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>

NEP Assist: <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: _____

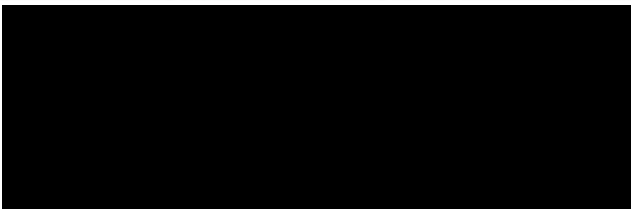
Regulatory ID Number: _____

Regulatory ID Number: _____

OR

 ^X 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.



2/23/2022

Date

Matthew Moore

Print Name and Title of Applicant/Agent

916-247-3047

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 Game CEQA Review Filing Fees on page 26.

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

Signature of Property Owner

Authorized Agent

Date

7/12/2022

Shiv Shakti Industries, Inc.
Print Name and Title of Property Owner

Print Name and Title of Property Owner

(415) 789-5530 x4

Phone Number

Applicant(s): (If different than above)

2/23/2022

Date

New Cingular Wireless PCS, LLC /Matthew Moore, Agent

Print Name and Title of Applicant/Agent

916-247-3046

Phone Number