

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: 1801 COLORADO AVE. TURLOCK, CA 95382  
ASSESSOR'S PARCEL NUMBER: 072-40-3346 AREA OF PROPERTY (ACRES OR SQUARE FEET): 193,600 S.F.  
EXISTING ZONING: A RE RL RM RH CO CC CH CT I IBP PD-229 Downtown  
GENERAL PLAN DESIGNATION: A VLDR LDR MDR HDR O Comm Comm Heavy Comm I  
DESCRIBE THE PROJECT REQUEST: CONSTRUCT A NEW MAX. 13,000 S.F. MEDICAL OFFICE BUILDING ON AN EXISTING SITE

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 SAM ROMEO PHONE NO. 209-216-3400 E-MAIL [REDACTED]  
\*\* Corporate partnerships must provide a list of principals. FAX NO. 209-216-3400  
ADDRESS OF APPLICANT: 1801 COLORADO AVE. TURLOCK, CA 95382

Fee

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

Property Owner Info

PROPERTY OWNER: SAM ROMEO PHONE NO. 209-216-3400 E-MAIL: Sjwromeo@tower-health.com  
ADDRESS OF PROPERTY OWNER: 1801 COLORADO AVE. TURLOCK, CA 95382

Application Details

APPLICATION TYPE & NO.: PD-229 Time Extension, TULP DATE RECEIVED: 9/29  
CASH \_\_\_\_\_ OR CI [REDACTED] CHECKED BY: KQ  
PC HEARING DATE: \_\_\_\_\_  
PLANNER'S NOTES: \_\_\_\_\_

**PLEASE NOTE:**

THIS APPLICATION FORM  
(ALONG WITH THE REQUIRED  
ATTACHMENTS AND EXHIBITS)  
IS MADE AVAILABLE TO THE PUBLIC  
ON THE CITY'S WEBSITE AND IN THE CITY'S FILES.

IF THERE IS  
SENSITIVE INFORMATION CONTAINED WITHIN THE  
APPLICATION, PLEASE CONTACT THE  
PLANNING DIVISION AT (209) 668-5640  
BEFORE SUBMITTING  
THE APPLICATION.

**THIS PAGE INTENTIONALLY LEFT BLANK**

### 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: TOWER HEALTH & WELLNESS CENTER ADDITION

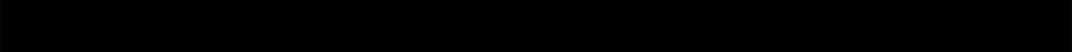
APPLICANT'S STATEMENT OF INTENT (DESCRIBE THE PROPOSED PROJECT):

CONSTRUCT A 13,000 S.F. (MAXIMUM)  
ONE STORY MEDICAL OFFICE BUILDING

PROPERTY OWNER'S NAME: SAM ROMEO

Mailing Address: 1801 COLORADO AVE. TURLOCK, CA 95382

Telephone: Busi: 

E-Mail Address: 

APPLICANT'S NAME: SAM ROMEO

Phone (209) 216-3400

Address: 1801 COLORADO AVE. TURLOCK, CA 95382

Telephone: Business (209) 535-1693 Home ( )

E-Mail Add: 

PROJECT SITE INFORMATION:

Property Address or Location: 1801 COLORADO AVE. TURLOCK, CA 95382

Property Assessor's Parcel Number: 072-40-33

Property Dimensions: 635' X 320'

Property Area: Square Footage 193,600 Acreage 4.4

Site Land Use: Undeveloped/Vacant \_\_\_\_\_ Developed YES

If developed, give building(s) square footage EXISTING BUILDING 57962 SF

**LAND USE DESIGNATIONS:**

ZONING: Current: \_\_\_\_\_

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 COMMERCIAL

South RESIDENTIAL / COMMERCIAL

East COMMERCIAL

West RESIDENTIAL

**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? YES If yes, are any to be removed? NO  
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) \_\_\_\_\_

Proposed Use of Existing Structure(s) \_\_\_\_\_

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? \_\_\_\_\_ 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed Building Characteristics**

Size of any new structure(s) or building addition(s) in gross sq. ft. 13,000 S.F. (MAX.)

Building height in feet (measured from ground to highest point): 20'-0"

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

20'-0"

Project site coverage:

Building Coverage: 11,615 Sq.Ft. 6 %

Landscaped Area: 29,801 Sq.Ft. 10.75 %

Paved Surface Area: 105,075 Sq.Ft. 54 %

Total: \_\_\_\_\_ Sq.Ft. \_\_\_\_\_ 100%

Exterior building materials: STUCCO, STONE

Exterior building colors: MISSION WHITE (MATCH EXISTING)

Roof materials: SPANISH TILE

Total number of off-street parking spaces provided: 306 (EXISTING)  
 (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: 9'-0", MEDIUM INTENSITY

Parking: EXISTING LIGHTING

Estimated Construction Starting Date 3-1-17 Estimated Completion Date 3-1-19

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 \_\_\_\_\_ 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) \_\_\_\_\_

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
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): 862Projected number of truck deliveries/loadings per day: 1Approximate hours of truck deliveries/loadings each day: 1 HRWhat are the nearest major streets? EAST HAWKEYEDistance from project? .25 MILEAmount of off-street parking provided: 306 (EXISTING)

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

**WATER**

Land Use

Estimated Water Consumption Rates (gal/day)

Single-Family Residential

800 gallons/day

Multi-Family Residential

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): 1,160 GALLONS

Source of Water: \_\_\_\_\_

**SEWAGE**

Land Use

Estimated Sewage Generation Rates (gal/day)

Single-Family Residential

300 gallons/day/unit

Multi-Family Residential

200 gallons/day/unit or 100 gallons/day/resident

Commercial

100 gallons/day/1,000 s.f. floor area

• Office

100 gallons/day/1,000 s.f. floor area

Industrial

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):

1,160 GALLONS

Describe the type of sewage to be generated: \_\_\_\_\_

---

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

---

**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: <http://www.epa.gov/enviro/html/rcris/>
- NEP Assist: <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.



**SOLID WASTE**

Land Use

Single-Family Residential  
 Multi-Family Residential  
 Commercial  
 Industrial

Estimated Solid Waste Generation (lb/day)

10.96 lbs./day/res.  
 7.37 lbs./day/unit  
 50 lbs./500 s.f. floor area  
 Variable-[Please describe the projected solid waste to be generated by your project.]

---



---



---



---

Type: \_\_\_\_\_ Amount: \_\_\_\_\_

**AIR QUALITY**

***Construction Schedule:***

Activity

Approximate Dates

Demolition

N/A

Trenching

N/A

Grading

N/A

Paving

N/A

Building Construction

3-1-17 to 3-1-19

Architectural Coatings (includes painting)

12-1-19 to 3-1-19

***Total Volume of all Building(s) to be Demolished*** \_\_\_\_\_

***Max Daily Volume of Building(s) to be Demolished*** \_\_\_\_\_

***Total Acreage to be Graded*** \_\_\_\_\_

***Amount of Soil to Import/Export?*** \_\_\_\_\_

**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

**THIS PAGE INTENTIONALLY LEFT BLANK**