



CITY OF TURLOCK DEVELOPMENT SERVICES
PLANNING DIVISION
156 SOUTH BROADWAY, SUITE 120
TURLOCK, CA 95380 209/668-5640

UNIFORM APPLICATION FORM

(PLEASE PRINT OR TYPE)

Project Information

PROJECT ADDRESS: 3700 COUNTRYSIDE DRIVE TURLOCK, CA 95382
ASSESSOR'S PARCEL NUMBER: 087-028-009 AREA OF PROPERTY (ACRES OR SQUARE FEET): 226512
EXISTING ZONING: A RE RL RM RH CC CH CT I IBP PD _____ Downtown _____
GENERAL PLAN DESIGNATION: A VLDR LDR MDR HDR O Comm Comm Heavy Comm I
DESCRIBE THE PROJECT REQUEST: BUILDING AND OPERATING A FAMILY
ENTERTAINMENT CENTER

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 ROD R SCOTT PHONE NO 209-985-1906 E-MAIL: RSCOTT@PM2.COM

** Corporate partnerships must provide a list of principals. FAX NO. 209-632-3175

ADDRESS OF APPLICANT: _____

CONTACT PERSON (If different than applicant): _____

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

SIGNATURE _____

PRINT NAME ROD R SCOTT

DATE 9/10/16

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

Property Owner Info

PROPERTY OWNER: A2 TURLOCK CROSSROADS LLC PHONE NO 602-677-1560 E-MAIL: TGRANT@SIMAZ.COM

ADDRESS OF PROPERTY OWNER: _____

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

TIM GRANT
PRINT NAME

5-23-16
DATE

Office Use Only

APPLICATION TYPE & NO.: UP 2016-04

DATE RECEIVED: 7/5/16

CASH _____ OR CHECK NO. 9901, \$ 13,480⁰⁰

CHECKED BY: KQ

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: TEN PIN FUN CENTER

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

FAMILY ENTERTAINMENT CENTER INCLUDES BOWLING,
ARCADE, LASER TAG, SPORTS BAR & RESTAURANT & BOLCE BALL
SOME LIVE ENTERTAINMENT

PROPERTY OWNER'S NAME: TURLOCK
AZ CROSSROADS LLC

Mailing Address: _____

Telephone: Business _____

E-Mail Address: TIM GRANT @ SIMAZ.COM

APPLICANT'S NAME: ROD R. SCOTT

Phone: _____

Address: _____

Telephone: Business 209 667-2010 Home _____

E-Mail Address: RSCOTT@PM2.COM

PROJECT SITE INFORMATION:

Property Address or Location: 3700 COUNTRYSIDE DR, TURLOCK 95302

Property Assessor's Parcel Number: 087-028-009

Property Dimensions: 286 x 792

Property Area: Square Footage 226512 Acreage 5.02

Site Land Use: Undeveloped/Vacant X Developed _____

If developed give building(s) square footage _____

LAND USE DESIGNATIONS:

ZONING: Current: Heavy Commercial
 Proposed (If applicable): Same

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 Heavy

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)

FLAT SANDY LOAM SOIL

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? yes If yes, please explain:

PARKING LOT DRAINAGE TO FILTERED WASH TO STORM

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) N/A

Proposed Use of Existing Structure(s) N/A

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 CLARKWOOD

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. 52,000

Building height in feet (measured from ground to highest point): 26'

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

28'

Project site coverage: Building Coverage: 52,000 Sq.Ft. 23 %

Landscaped Area: 2265 Sq.Ft. 10 %

Paved Surface Area: 172247 Sq.Ft. 67 %

Total: 226512 Sq.Ft. 100 %

Exterior building materials: METAL, STUCCO PANELS, STONE/PLANT

Exterior building colors: TO BE DETERMINED

Roof materials: white metalTotal number of off-street parking spaces provided: none
(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: LED ROSE LIGHTING & LED SECURITY LIGHTING

Parking: _____

Estimated Construction Starting Date 11/1/16 Estimated Completion Date 6/1/17

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) FAMILY ENTERTAINMENT CENTERExpected influence: Regional X Citywide _____ Neighborhood _____Days and hours of operation: 7 DAYS MON-THURS 9-MIDNIGHT FRI SAT 9-2 AM SUN 9-11Total occupancy/capacity of building(s): 538Total number of fixed seats: 428 Total number of employees: 55-60Anticipated number of employees per shift: 24-26 WEEKENDS MORE

Square footage of:

Office area 600Warehouse area 0Sales area 3000Storage area 8000Loading area 0Manufacturing area 0Total number of visitors/customers on site at any one time: 400-425 PLUS 30 EMP.Other occupants (If Applicable) N/A

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:

Lip License

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): 600Projected number of truck deliveries/loadings per day: 2Approximate hours of truck deliveries/loadings each day: 1What are the nearest major streets? Monte VistaDistance from project? 1/4 mileAmount of off-street parking provided: N/A

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

172,247 ASPHALT over 4" compacted ROAD BASE
with some LANDSCAPED ISLANDS

WATERLand 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.]

3400 GPDEstimated gallons per day (using information above): 3400Source of Water: Public City**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)

3400 Based on same

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

3400Describe the type of sewage to be generated: Toilet Facilities, Dishwasher,Normal Restaurant Use.

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

NO

SOLID WASTELand 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:***ActivityApproximate Dates

Demolition

N/A

Trenching

Grading

Paving

Building Construction

Architectural Coatings (includes painting)

Total Volume of all Building(s) to be Demolished 0Max Daily Volume of Building(s) to be Demolished 0Total Acreage to be Graded 5.22

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 all of the following online databases:

EPA RCRA: <http://www.epa.gov/enviro/html/rcris/>

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: _____

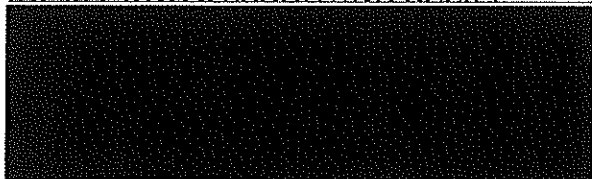
Regulatory ID Number: _____

Regulatory ID Number: _____

OR

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



Date

5/18/16

ROD R SCOTT
Print Name and Title of Applicant/Agent

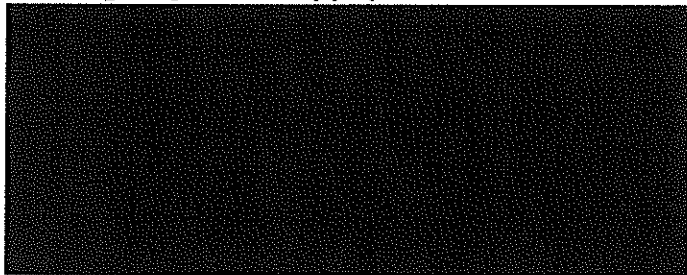
209-985-1906
Phone Number

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 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)



5-23-16
Date

A2 TERRLOCK CROSSROADS LLC TIM BLANT
Print Name and Title of Property Owner

602-677-1500
Phone Number

Applicant(s): (If different than above)



5/18/16
Date

ROD R. SWEET
Print Name and Title of Applicant/Agent

209-985-1906
Phone Number