



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: 122 W. main st Turlock CA 95380

ASSESSOR'S PARCEL NUMBER: 61-16-26 AREA OF PROPERTY (ACRES OR SQUARE FEET): _____

EXISTING ZONING: A RE RL RM RH CO 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: OUTDOOR DINING WITHIN THE PUBLIC RIGHT-OF-WAY.

Applicant Information

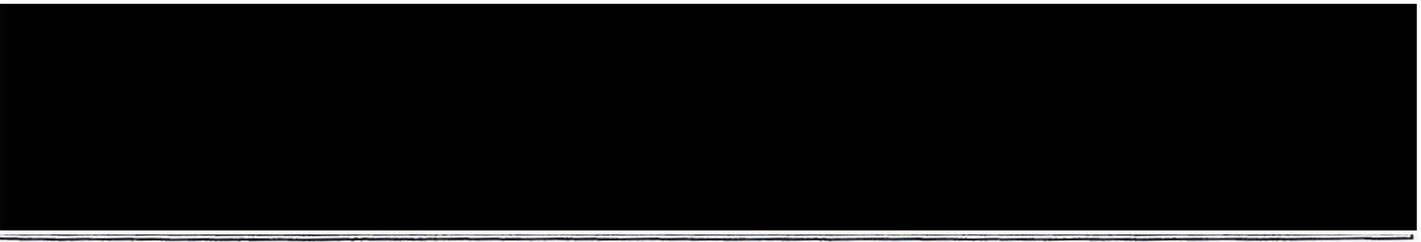
NOTE: Information provided on this application is considered public record

APPLICANT Ramro Eshoradeh PHONE _____

** Corporate partnerships must provide a list of principals. FAX _____



Property Owner Info



Application Fee

APPLICATION TYPE & NO.: Outdoor Dining MDP 17-12 DATE RECEIVED: 8/25/17

CASH _____ CHECKED BY: SLQ

PC HEARING DATE: N/A CC HEARING DATE: N/A





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: 122 W. main st Turlock CA 95380

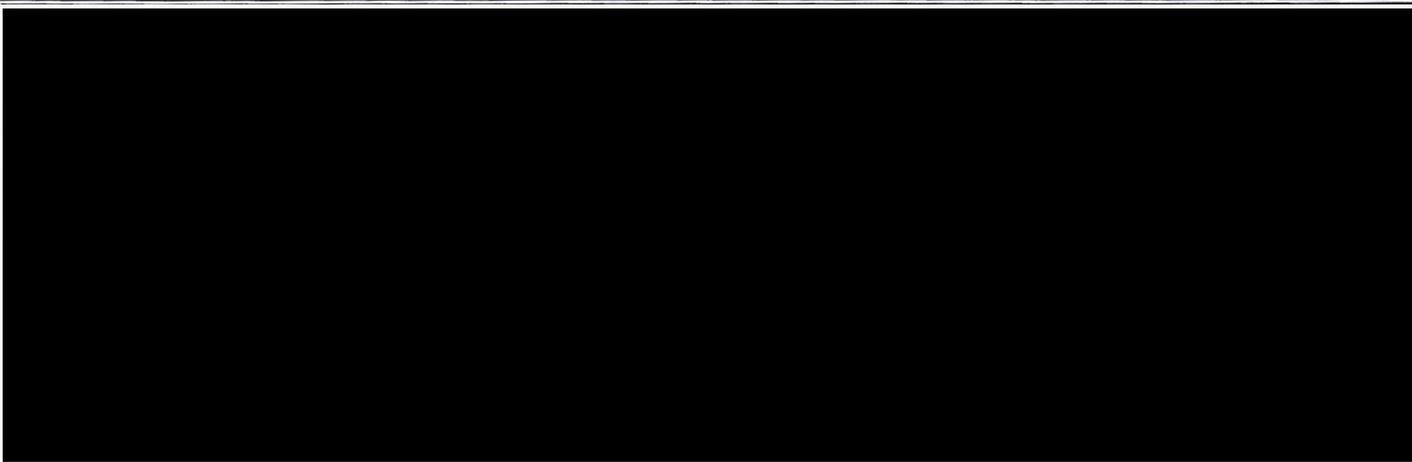
ASSESSOR'S PARCEL NUMBER: _____ AREA OF PROPERTY (ACRES OR SQUARE FEET): _____

EXISTING ZONING: A RE RL RM RH CO 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: OUTDOOR DINING WITHIN THE PUBLIC RIGHT-OF-WAY.

Applicant Information



Property Owner Info

PROPERTY OWNER: _____ PHONE NO. _____ E-MAIL: _____

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.

SIGNATURE OF PROPERTY OWNER _____ PRINT NAME _____ 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: Cafe Rome outdoor Dining

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

outdoor tables and chairs along with
outside bar possible fenced in table.
two to 3 tables max with 3 chairs each
each. max occupant load at 40. currently seating 17 inside.
see page 3 on plans

PROPERTY OWNER'S NAME: _____

Mailing Address: _____

Telephone: Business () _____ Home () _____

E-Mail Address: _____



Property Area: Square Footage _____ Acreage _____

Site Land Use: Undeveloped/Vacant _____ Developed _____

If developed, give building(s) square footage _____

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: Cafe Rome outdoor Dining

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

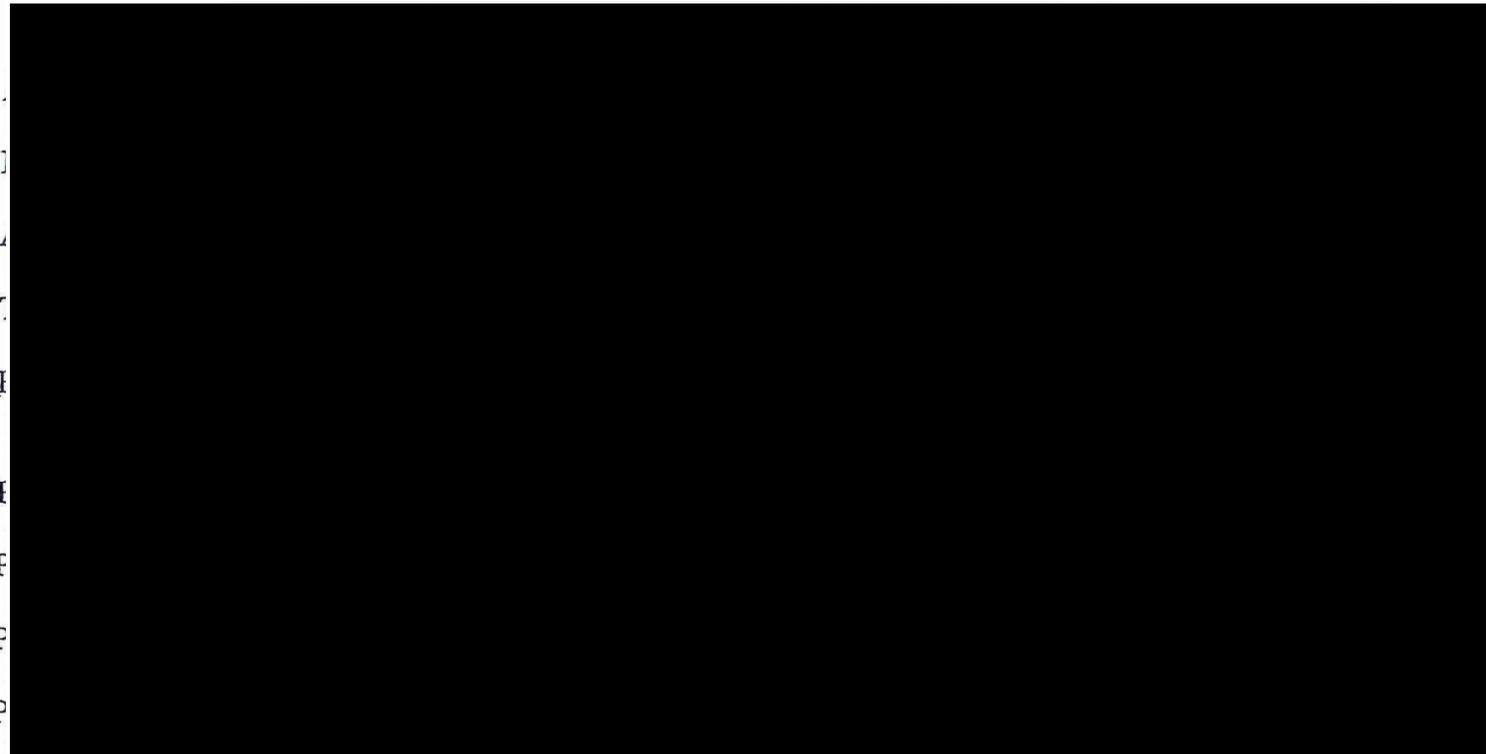
outdoor tables and chairs along with
outline bar possible fenced in table.
two to 3 tables max with 3 chairs each
each. max occupant load at 40. currently seating 17 inside.
see page 3 on plans

PROPERTY OWNER'S NAME: _____

Mailing Address: _____

Telephone: Business () _____ Home () _____

E-Mail Address: _____



Property Area: Square Footage _____ Acreage _____

Site Land Use: Undeveloped/Vacant _____ Developed _____

f developed give building () _____

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: _____

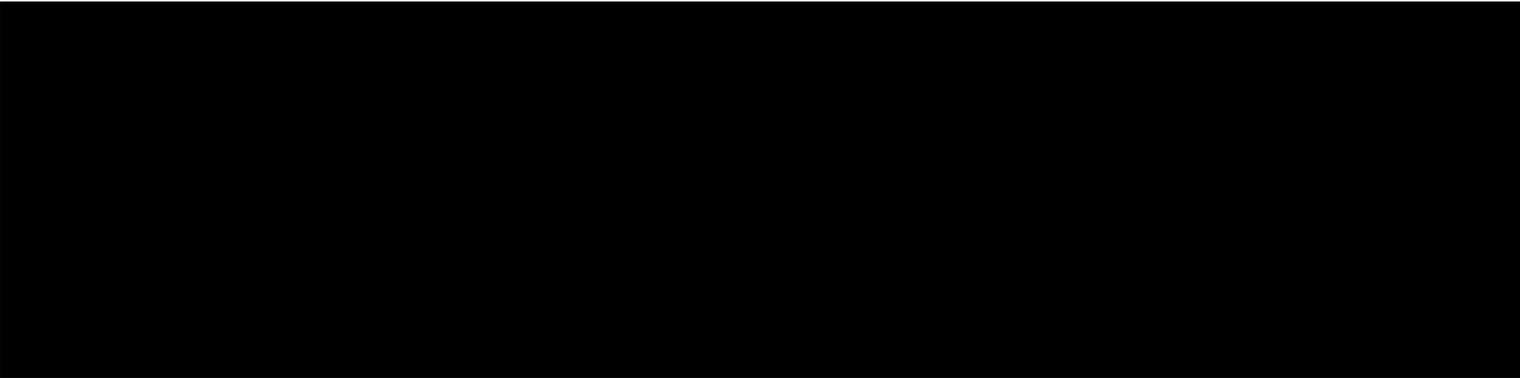
Regulatory ID Number: _____

Regulatory ID Number: _____

OR

_____ 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)

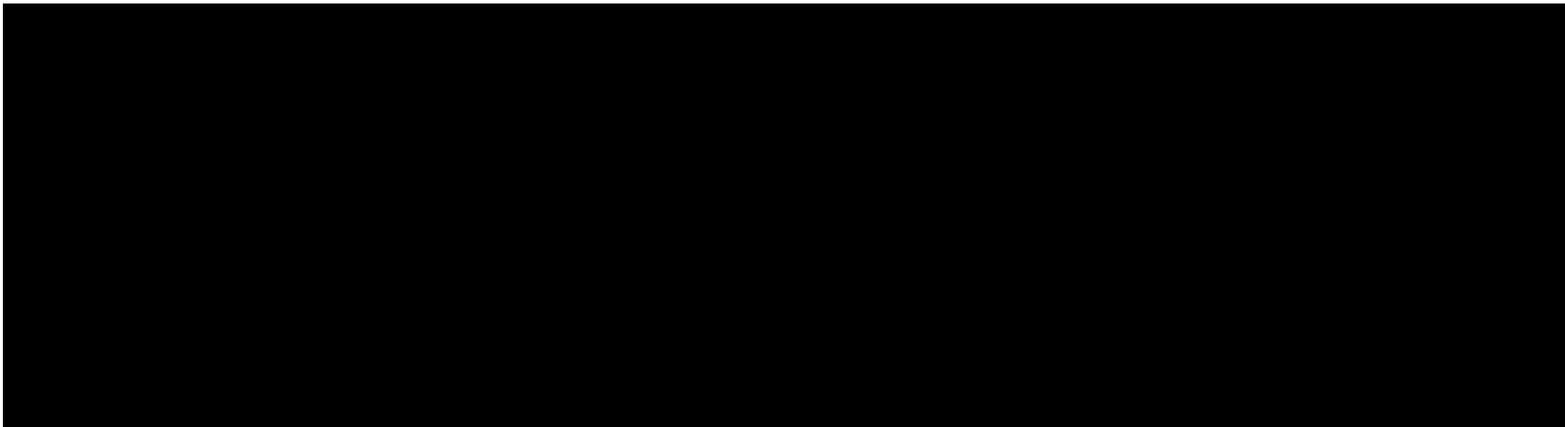
Signature of Property Owner

Date

Print Name and Title of Property Owner

Phone Number

Applicant(s): (If different than above)



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)

