



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

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UNIFORM APPLICATION FORM

(PLEASE PRINT OR TYPE)

Project Information

PROJECT ADDRESS: 865 Lander Ave  
893 Lander Ave. Turlock, CA 95380  
ASSESSOR'S PARCEL NUMBER: 050-014-047, 46 AREA OF PROPERTY (ACRES OR SQUARE FEET): 2.37<sup>±</sup> Ac  
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: Install new fencing and gates around  
the property.

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 The Salvation Army PHONE NO. 667-6091 E-MAIL: \_\_\_\_\_

\*\* Corporate partnerships: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

CONTACT PERSON (NAME): \_\_\_\_\_

\*The applicant will be considered in writing.

SIGNATURE OF APPLICANT \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

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

Property Owner Info

PROPERTY OWNER: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

Consent of Owner: I declare that I am the owner of the herein described property and that I have familiarized myself with this, \_\_\_\_\_

APPLICATION TYPE & NO. \_\_\_\_\_

CASH \_\_\_\_\_ OR CHECK \_\_\_\_\_

PC HEARING DATE: \_\_\_\_\_

CC HEARING DATE: \_\_\_\_\_

PLANNER'S NOTES: \_\_\_\_\_

/EE

948-116

AW

## 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: Fencing Project

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

Install new fencing + gates around the  
property

PROPERTY OWNER'S NAME: The Salvation Army

Mailing Address: 893 Lander Ave

Telephone: Business ( ) Home ( )

E-Mail Address: kathy.wells@usw.salvationarmy.org

APPLICANT'S NAME: Same

Phone ( )

Address:

Telephone: Business ( ) Home ( )

E-Mail Address:

PROJECT SITE INFORMATION:

Property Address or Location: 893 Lander Ave

Property Assessor's Parcel Number: 050-014-047

Property Dimensions:

Property Area: Square Footage Acreage 2.37 +/- ac

Site Land Use: Undeveloped/Vacant Developed

If developed, give building(s) square footage 50,000.6 sq ft

**LAND USE DESIGNATIONS:**

ZONING: Current: PD

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 \_\_\_\_\_

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)

Existing developed site. Wanting to install

fence ~~at~~ around the property

\_\_\_\_\_

\_\_\_\_\_

Are there any trees, bushes or shrubs on the project site? X 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) Housing + Community Center

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. \_\_\_\_\_

Describe age, condition, size, and architectural style of all existing on-site structures (include photos):

18 year old community center

### Proposed Building Characteristics

Size of any new structure(s) or building addition(s) in gross sq. ft. \_\_\_\_\_

Building height in feet (measured from ground to highest point): \_\_\_\_\_

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

Project site coverage:

Building Coverage: N/A Sq.Ft. \_\_\_\_\_ %

Landscaped Area: N/A Sq.Ft. \_\_\_\_\_ %

Paved Surface Area: \_\_\_\_\_ Sq.Ft. \_\_\_\_\_ %

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

Exterior building materials: \_\_\_\_\_

Exterior building colors: \_\_\_\_\_

**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](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.

MAR 18 2016

\_\_\_\_\_  
Date

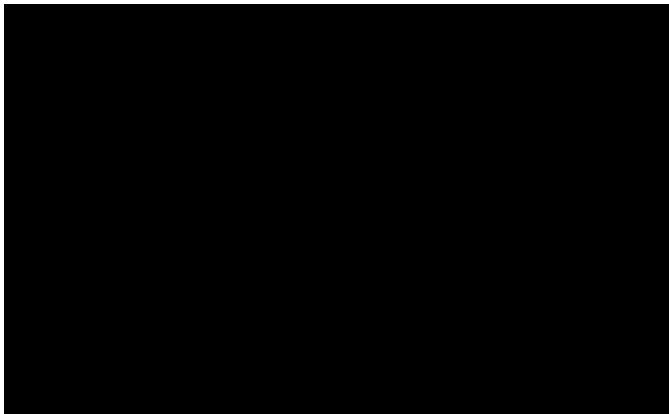
\_\_\_\_\_  
Phone Number

**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)



MAR 18 2016

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**Applicant(s):** (If different than above)

\_\_\_\_\_  
Signature of Applicant/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title of Applicant/Agent

\_\_\_\_\_  
Phone Number