



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 ADDRESS: 1504 COLORADO AVENUE

ASSESSOR'S PARCEL NUMBER: 042-019-002 AREA OF PROPERTY (ACRES OR SQUARE FEET): 35,200

EXISTING ZONING: CO (COMMERCIAL OFFICE)

GENERAL PLAN DESIGNATION: _____

DESCRIBE THE PROJECT REQUEST: NEW 10,125 SF MEDICAL OFFICE BUILDING & PARKING LOT.

NOTE: Information provided on this application is considered public record and will be released upon request by any member of the public.

APPLICANT RICH MURDOCH ⁽²⁰⁹⁾ PHONE NO. 848.1619 E-MAIL: richerimurdoch.com

APPLICATION TYPE & NO.: MDP 20-72

DATE RECEIVED: 10/2/2020

CHECKED BY: AW

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: CENTRAL VALLEY CARDIOLOGY GROUP (NEW MEDICAL OFFICE BLDG)

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

CONSTRUCT A NEW MEDICAL OFFICE BUILDING & PARKING LOT. THE NEW BUILDING WILL HAVE (5) LEASE SPACES - COFFEE SHOP (± 840 SF), DENTIST OFFICE (± 1,800 SF), CARDIOLOGY OFFICE (± 3,600 SF), OUT PATIENT SURGERY CENTER (± 2,475 SF) & A LEASEABLE SUITE FOR MEDICAL OFFICE (± 1,200 SF)

PROPERTY OWNER'S NAME: NAGO, LLC

Mailing Address: 1504 COLORADO AVENUE, TURLOCK, CA 95380

Telephone: Business () _____ Home (209) 602. 6684

E-Mail Address: R-NAZARI@MSN.COM

APPLICANT'S NAME: RICH MURDOCH

Phone (209) 848. 1619

Address: 1824 ACKLEY CIRCLE, OAKDALE, CA 95361

Telephone: Business (209) 848. 1619 Home () _____

E-Mail Address: rich@rjmurdoch.com

PROJECT SITE INFORMATION:

Property Address or Location: 1504 COLORADO AVENUE

Property Assessor's Parcel Number: 042-019-002

Property Dimensions: 128.0' x 275.0' (AFTER 5' DEDICATION)

Property Area: Square Footage 35,200 SF Acreage 0.80 ACRE

Site Land Use: Undeveloped/Vacant _____ Developed _____

If developed, give building(s) square footage _____

LAND USE DESIGNATIONS:

ZONING: Current: CO (COMMERCIAL OFFICE)
 Proposed (If applicable): NO CHANGE

GENERAL PLAN Current: _____
 Proposed (If applicable) NO CHANGE

DESCRIBE ADJACENT ZONING AND EXISTING LAND USE WITHIN 300 FEET OF PROJECT SITE:**ZONE - EXISTING LAND USE (i.e., residential, commercial, industrial)**

North COMMERCIAL OFFICE BUILDING.

South APARTMENT BUILDING (RESIDENTIAL)

East RESIDENTIAL (SINGLE FAMILY) ACROSS AVENUE

West SCHOOL

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)

THERE IS AN EXISTING MEDICAL OFFICE BUILDING ON THE SITE WITH AN
EXISTING PARKING LOT. THE LOT IS GENERALLY FLAT (LEVEL), THE SOIL
APPEARS TO BE STABLE (SANDY LOAM). THERE ARE SOME EXISTING TREES &
SHRUBS, NO ANIMALS & NO CULTURAL, HISTORICAL OR SCENIC ASPECTS.

Are there any trees, bushes or shrubs on the project site? YES if yes, are any to be removed? YES
 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) MEDICAL OFFICE BUILDING

Proposed Use of Existing Structure(s) NONE - STRUCTURE WILL BE REMOVED

Are any structures to be moved or demolished? YES 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):

THIS SITE INCLUDES ONE EXISTING BUILDING (1,424 SF), BUILT IN 1918.
RAMBLER - STYLE. ALL ASBESTOS HAS BEEN REMOVED. BUILDING IS IN
FAIRLY GOOD CONDITION, EXCEPT FOR ROT ROTTED FLOORS (SEE ATTACHED PHOTOS)

Proposed Building Characteristics

Size of any new structure(s) or building addition(s) in gross sq. ft. 10,125 SF

Building height in feet (measured from ground to highest point): ± 30'-0"

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

NONE.

Project site coverage: Building Coverage: 10,125 Sq.Ft. 28.1 %

Landscaped Area: 5,510 Sq.Ft. 15.6 %

Paved Surface Area: 19,565 Sq.Ft. 55.6 %

Total: 35,200 Sq.Ft. 100%

Exterior building materials: STUCCO, SHOREFRONT WINDOWS, METAL SIDING + ROOFING

Exterior building colors: SEE COLORED ELEVATIONS

Roof materials: VISIBLE: METAL (STANDING SEAM) & SINGLE PLY MEMBRANE

Total number of off-street parking spaces provided: 51 SPACES (STANDARD)

(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: WALL & SOFFIT MOUNTED (LED)

Parking: \$25'-0" HIGH POLE MOUNTED (SHIELDED TO CONTAIN LIGHT ON-SITE)

Estimated Construction Starting Date _____ Estimated Completion Date _____

If the proposal is a component of an overall larger project describe the phases and show them on the site plan:
No.

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) MEDICAL OFFICE BUILDINGExpected influence: Regional _____ Citywide X Neighborhood _____Days and hours of operation: 7 AM. - 7 PM.

Total occupancy/capacity of building(s): _____

Total number of fixed seats: NONE Total number of employees: _____

Anticipated number of employees per shift: _____

Square footage of:

Office area 10,125 SF. 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) NOT APPLICABLE

Will the proposed use involve any toxic or hazardous materials or waste?

(Please explain): THIS BUILDING IS INTENDED TO BE USED FOR MEDICAL PURPOSES,
ONCE COMPLETED, SO THERE WILL BE MEDICATIONS DISPENSED.

List any permits or approvals required for the project by state or federal agencies:

NONE

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): MEDICAL OFFICE ± 760 / TRIPS/DAY

Projected number of truck deliveries/loadings per day: _____

Approximate hours of truck deliveries/loadings each day: _____

What are the nearest major streets? COLORADO AVENUE & EAST HAWKETEDistance from project? EAST HAWKETE (APPROX. 130')Amount of off-street parking provided: 51 SPACES

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

NEW PARKING LOT WILL BE ASPHALT PAVING (51 SPACES) APPROXIMATELY16,785 S.F.

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.]

OFFICES

$$10,125 / 1,000 = 10.125 \times 100 \text{ gpd} = 1,012.5 \text{ GPD.}$$

Estimated gallons per day (using information above): SEE ABOVESource of Water: CITY OF TURLOCK**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)

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

$$\text{OFFICE: } 10,125 / 1,000 = 10.125 \times 100 \text{ GPD} = 1,012.5 \text{ GPD}$$

Describe the type of sewage to be generated: HUMAN WASTE

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

No.

SOLID WASTE

<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: $10,125 / 500 = 20.25 \times 50 \text{ lbs} = 1,012.5 \text{ \# / DAY}$

AIR QUALITY***Construction Schedule:***

<u>Activity</u>	<u>Approximate Dates</u>
Demolition	<u>OCTOBER 2020</u>
Trenching	<u>NOVEMBER 2020</u>
Grading	<u>NOVEMBER 2020</u>
Paving	<u>JUNE 2021</u>
Building Construction	<u>JANUARY 2021</u>
Architectural Coatings (includes painting)	<u>JUNE 2021</u>

Total Volume of all Building(s) to be Demolished 1,450 SF, (DEMO WILL TAKE 2 DAYS)

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

Total Acreage to be Graded 0.80

Amount of Soil to Import/Export? 0

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>

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.

