

CITY OF COALINGA
SITE PLAN REVIEW APPLICATION

CDA 19-01

Application Number

5/13/19

Date

APPLICANT INFORMATION:

Applicant/Property Owner Name: Kelly Architecture & Planning
Mailing Address: 6528 Lonetree Blvd. Rocklin, CA 95765
Telephone Number: 916-797-1199 Assessors Parcel Number: 072-123-16S
Property Location (Street Address): W. Polk Street
Property is located: north side of W. Polk St Street, between W. Forest Ave Street and Elm Ave Street

PROJECT INFORMATION:

Current Zoning: _____ Proposed Zoning: _____
Existing Floor Plan: N/A Proposed Floor Area: 11,432 SF
Describe structure(s) or improvements planned (two family, multi-family residential, commercial, industrial, wall sign, free standing sign etc.) Single story OSHPD 3 medical office building with (15) exam rooms and (3) dental exam chairs
Is project: ☒ new construction or ☐ remodeled.
Residential N/A
Number of dwelling units _____ Total of area (in square feet) _____
Total lot coverage of buildings or structures (in square feet) _____ Percentage of lot coverage _____ %
Number of off street parking spaces provided. Covered _____ Open _____
Total square feet of sign area _____ Total square feet devoted to recreation and open space _____ sq ft.
Give total percentage of lot devoted to recreation and open space _____ sq ft.
(See instructions or Zoning Ordinance for definitions and requirements).
Total square feet of common recreation and open space area _____
Describe type and material to be used on exterior walls and doors _____
Commercial
Gross floor area or building when complete 11,432 sq ft.
Describe sign (free standing, affixed to wall etc.) _____
Number of parking spaces provided 47 Number of customers expected per day estimated 110
Hours and days of operation estimated 8:00 a.m. to 5:00 p.m. weekdays
Describe any outside storage of equipment or supplies: none (other than trash)

Industrial N/A

Describe any outside storage of equipment or supplies: _____

Maximum number of employees in any daily shift: _____

Number of delivery or shipping trucks per day: _____

Number of delivery or shipping trucks per day when construction is complete: _____

Site Plan Requirements – Mapping/Drawings

The applicant shall submit fifteen (15) prints of the site plan to the Community Development Director. The Site Plan shall be drawn to scale and indicate clearly and with full dimensions the following information:

1. The lot dimensions;
2. All building and structures, and their location, elevation, size, height and materials;
3. The yards and spaces between buildings;
4. Walls and fences, and their location, height, and material;
5. Off-street parking, including the location, number of spaces, dimensions of the parking area and internal circulation pattern;
6. Access (pedestrian, vehicular and service), points of ingress and egress, and internal circulation;
7. Signs and their location, size and height;
8. Loading, including the location, dimensions, number of spaces and internal circulation;
9. Lighting, including the location, dimensions, number of spaces and internal circulation;
10. Street Deductions and Improvements;
11. Drainage improvements;
12. Landscaping, including the location and type;
13. Fire-preventions equipment and measures, including the location and type;
14. For two-family and multi-family dwellings, the location and design of all recreation and open-space area, and the recreation equipment to be included thereon;
15. Such other data as may be required to permit the Planning Director to make the required findings.

Applicant's Certification

The undersigned hereby certify that the information presented in this application is correct.

Signature of Applicant

Date

4.11.19

Joe S Knight

Donna Brookm Robert L Knight

Signature of Record Property Owner

Date

04-23-2019

**CITY OF COALINGA
AMENDMENT TO THE
ZONING ORDINANCE APPLICATION**

CDA 19-01
Application

5/13/19
Date

Important: The City of Coalinga will only accept, for processing, an application for a general amendment to the Zoning Ordinance if the proposed amendment is consistent with the Coalinga General Plan. The reason for this policy is that State Law requires that the City's Zoning Ordinance be consistent with the General Plan. Before beginning this application, you should check with the secretary of the Planning commission to determine if the amendment is consistent with the General Plan.

APPLICANT INFORMATION:

Applicant/Property Owner Name: Kelly Architecture and Planning

Applicant's Mailing Address: 6528 Lonetree Blvd. Rocklin, CA 95765

Telephone Number: 916-797-1199

The answers to the following questions must be made full and complete.

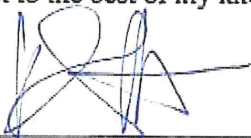
1. Please give the number and a brief description of the section of the Zoning Ordinance from which you are requesting to be amended.

Section 9-2.303 - Development regulations. Amend Development Regulations for Commercial Districts

to allow for construction of medical office building >5,000 SF.

2. Please describe how and why you believe this section should be amended. The proposed medical office building
will provide community access to necessary medical and dental services.

The forgoing statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my knowledge and belief



Signature of Applicant

6528 Lonetree Blvd.

Mailing Address Rocklin, CA 95765

Kelly Maves/Kelly Architecture & Planning

Name of Applicant (Please Print)

916-797-1199

Telephone Number

CITY OF COALINGA
ENVIRONMENTAL REVIEW APPLICATION

CDA 19-01

Application Number

5/13/19

Date

APPLICANT INFORMATION:

Applicant: Kelly Architecture & Planning

Mailing Address: 6528 Lonetree Blvd., Rocklin CA 95765

Telephone Number: 916-797-1199

Assessor Parcel Number: 072-123-16S

Property Owner's Name: Adventist Health

Property Owner's Address: 450 North Greenfield Ave, Suite 400 Hanford, CA 92320

Contact Person: Jim Didion 559-537-0076

PROPERTY USE INFORMATION:

Size of Parcel (Square Feet/Acres) 46,609 SF/1.07 acres

Describe Existing Use of Property: Vacant

Square Feet of Existing Building Area N/A

Square Feet of Existing Paved Area

Current Zoning

Proposed Zoning

Describe in General Terms Existing Uses to the:

North: Bug Me Pest Control, Chevron retail store (NW)

South: Vacant, parking lot

East: Walgreens

West: Chevron fuel pumps, car wash

Are there any man-made or natural water channels on property? No

If there are, where are they located

Number of existing trees on the site 2

Number of trees to be moved (Age & Type) None

Residential N/A

a. Number of Dwelling Units: b. Unit Size(s)

c. Range of Sales Prices and/or Rents (projected):

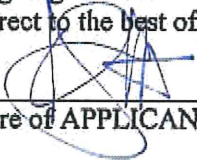
d. Type of Household Size Expected:

Commercial

- a. Orientation:
Neighborhood: N/A
City or Regional: Regional
- b. Square Footage of Sales Area: N/A (Medical building of 11,432 SF)
- c. Range of Sales Prices and/or Rents (Projected): N/A
- d. Type of Household Size Expected: N/A
- e. Number of Employees: Full Time Estimated 16 Part Time _____ Seasonal _____
- f. Days and Hours of Operation Weekdays, estimated 8:00 a.m. to 5:00 p.m.

Signature of BOTH the APPLICANT and RECORDED PROPERTY OWNER (S) are required below as applicable.

The forgoing statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my knowledge and belief.



Signature of APPLICANT/AGENT

Kelly Maves, Kelly Architecture & Planning
Name of APPLICANT/AGENT (Please Print)

6528 Lonetree Blvd. Rocklin, Ca 95765

Mailing Address

916-797-1199

Telephone Number

Joe S Knight

Signature of OWNER

Name of OWNER (Please Print)

Mailing Address

Telephone Number



City of Coalinga
Community Development Department

APPLICATION FOR ENVIRONMENTAL EVALUATION

1. Owner/Applicant Information

PROPERTY OWNER'S NAME: Adventist Health, contact: Jim Didion

PROPERTY OWNER'S ADDRESS: 450 North Greenfield Ave, Suite 400 Hanford, CA 92320

TELEPHONE: 559-537-0076 EMAIL: didionj@ah.org

APPLICANT'S NAME, COMPANY/ORGANIZATION: same as above

APPLICANT'S ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

CONTACT FOR PROJECT INFORMATION: Kelly Maves, Kelly Architecture & Planning, Inc.

ADDRESS: 6528 Lonetree Blvd, Rocklin, CA 95765

TELEPHONE: 916-797-1199 EMAIL: kelly22@kellyarch.com

2. Location and Classification

STREET ADDRESS OF PROJECT: W. Polk Street, between W. Forest Avenue and Elm Avenue

CROSS STREETS: W. Forest Avenue to the east, Elm Avenue to the west

ASSESSOR'S PARCEL NUMBER(S): 072-123-165

LOT DIMENSIONS: _____ LOT AREA (SQ FT): 46,609 SF

ZONING DESIGNATION: _____ GENERAL PLAN DESIGNATION: _____

3. Project Description (please check all that apply)

- ☐ Change of Use
- ☐ Change of Hours
- ☒ New Construction
- ☐ Alterations
- ☐ Demolition
- ☐ Other (please clarify): _____

PRESENT OR PREVIOUS USE: Vacant

PROPOSED USE: Single story OSHPD 3 medical office building

BUILDING APPLICATION PERMIT #: _____ DATE FILED: _____

4. Project Summary Table

If you are not sure of the eventual size of the project, provide the maximum estimates.

	Existing Uses	Existing Uses to be Retained	Net New Construction and/or Addition	Project Totals
Project Features				
Dwelling Units			0	0
Parking Spaces			47	47
Loading Spaces			0	0
Bicycle Spaces			2 racks, 2 lockers	2 racks, 2 lockers
Number of Buildings			1	1
Height of Buildings			25	
Number of Stories			1	1
Gross Square Footage (GSF)				
Residential				
Retail				
Office			11,432	11,432
Industrial				
Parking				
Other _____				
Other _____				
Other _____				
Total GSF			11,432	11,432

Please provide a narrative project description that summarizes the project and its purpose or describe any additional features that are not included in this table. Please list any special authorizations or changes to the Planning Code or Zoning Maps if applicable.

All Projects

Land Use

What is the current use of the site? Vacant

Please list all previous land uses of the site for the last 10 years.

Neighborhood Contact

Please describe any contact you have had regarding the project with the following: neighbors/property owners adjacent to the subject site, Neighborhood Associations, Business Associations, or Community Groups in the project area.

No contact has been made yet.

Site Characteristics

Providing the following information regarding the environmental setting with your application is one of the most effective ways to expedite your project's environmental review. If your site contains structures, large trees, mature vegetation, natural drainage ways, low lying areas where water pools during the rainy season, or wetland areas, supplemental information may be requested in order to conduct the environmental review of your project.

Are there any structures or buildings on the project site?

☐ Yes ☒ No

If yes, how many? _____

What is the construction date of each structure? _____

Current use of existing structure(s)? _____

Proposed use of existing structure(s)? _____

Are there any trees on the project site?

☒ Yes ☐ No

Are any trees proposed to be removed?

☐ Yes ☒ No

Does the site contain any natural drainage ways?

☐ Yes ☒ No

Does the site contain any wetland areas or areas where water pools during the rainy season?

☐ Yes ☒ No

What land uses surround the project site? (i.e., single-family residential, commercial, etc.)

Please describe: Pest control company to the north, Chevron store, fuel station & car wash to the west, Walgreens to the east, and vacant area and parking lot to the south.

Are you proposing any new fencing or screening?

☒ Yes ☐ No

If yes, please describe the location, the height, and the materials (i.e., wood, masonry, etc.) of the fencing. _____

Is there parking on-site?

☒ Yes ☐ No

If yes, how many spaces are existing (for the entire property) and how many are proposed on-site for the project?

Existing 0

Proposed 47

Is any parking proposed off-site?

☐ Yes ☒ No

If yes, where will it be located and how many spaces? _____

Are you proposing new signs with the project?

☒ Yes ☐ No

If yes, please describe the number and type. 2 proposed, 1 at street, 1 on building - TBD

Are there any easements crossing the site?

☐ Yes ☒ No

Are there any trash/recycling enclosures on-site?

☒ Yes ☐ No

If yes, what is the size/height/materials of the enclosure(s) and where are they located?

What is the total number of cubic yards allocated for recycling? _____

Building Setback from Property Lines		
	Existing (feet/inches)	Proposed (feet/inches)
Front		61'-4" min.
Rear		5'-0" min.
Streetside		5'-4" min.
Interior Side		5'-0" min.

What are the front setbacks of the two nearest buildings (on adjacent property) on the same side of the block? If there are no other properties, please write "N/A."

1st Address: N/A 2nd Address: _____

Setback: _____ Setback: _____

Exterior Materials

Existing Exterior Building Materials: _____

Existing Roof Materials: _____

Existing Exterior Building Colors: _____

Proposed Exterior Building Materials: _____

Proposed Roof Materials: metal roofing with single ply

Proposed Exterior Building Materials: stucco, stone veneer and corrugated metal panels

Non-Residential Projects

Fill in this section if your project has a non-residential component. Complete both residential and non-residential sections if you are submitting a mixed-use project.

Hours of operation of the proposed use: Estimated 8:00 a.m. - 5:00 p.m. weekdays
If your project includes fixed seats, how many are there? N/A

Building Size

Total Building Square Footage On-Site (gross sq. ft.) 11,432

Breakdown of Square Footage – Please Mark All That Apply		
	Existing	Proposed
Warehouse Area		0
Office Area		0
Storage Area		0
Restaurant/Bar Area		0
Sales Area		0
Medical Office Area		11,432
Assembly Area		0
Theater Area		0
Structured Parking		0
Other Area*		0
*Describe use type of "Other" areas.		

Building Height

Existing Building Height and # of Floors: _____
Proposed Building Height and # of Floors: 25'-0", 1 story

Lot Coverage

Total Existing and Proposed Building Coverage Area* (sq. ft.): 11,465
Project Site Lot Area (sq. ft.): 46,609 SF
Total Lot Coverage Percentage: 25%

(Example: building area (2,000') / lot area (5,000') = 40% total lot coverage)

* Include all covered structures (patios, porches, sheds, detached garages, etc.)

Environmental Evaluation Application Submittal Checklist


Application Materials	Provided	Not Applicable
Two (2) originals of this application signed by owner or agent, with all blanks filled in.	✓	
Two (2) hard copy sets of project drawings in 11" x 17" format showing existing and proposed site plans with structures on the subject property and on immediately adjoining properties, and existing and proposed floor plans, elevations, and sections of the proposed project.	✓	
One (1) CD containing the application and project drawings and any other submittal materials that are available electronically.		
Photos of the project site and its immediate vicinity, with viewpoints labeled.		
Check payable to Coalinga Community Development Department.	✓	✓
Letter of authorization for agent, if applicable.		✓
Available technical studies.		✓

owner.
Signed
Application

For Department Use Only

Application Received by Community Development Department:

By:



Date:

6/11/19