



-- THIS AREA FOR CITY STAFF USE ONLY --
Date Received: 6/22
SPR Agenda: 6/30 Item No. 1
Zoning: _____ GP Designation: _____

CITY OF TULARE SPECIAL EVENT APPLICATION

Please return this completed application to the Community & Economic Development Department a **minimum of thirty (30) days prior to the date of the event**. All Applications submitted on Thursday before 3:00pm, will be considered the following Wednesday at 1:30pm.

SPECIAL EVENT MEETINGS ARE HELD ON WEDNESDAYS AT 1:30 PM AT TULARE CITY HALL-COMMUNITY ROOM - 411 E KERN AVE - APPLICANT OR REPRESENTATIVE MUST BE PRESENT

GENERAL PROJECT INFORMATION

Event Name: Neighborhood Black Party
Date(s) of Event: July 4th 2021
Start Time(s): 1:00pm End Time(s): 10:00pm
Location of Event: Santa Cruz Dr.
Property Address/Location: 1750 Santa Cruz Dr. - 1769 Santa Cruz
Brief Description of Event: Neighborhood Black Party for 4th of July

APPLICANT/SPONSORING ORGANIZATION

Applicant/ 1st Contact Person: Alice Flores Cell Phone: 759-3850
Address: 1757 Santa Cruz Dr. E-Mail Address: alicefb33@gmail.com
Applicant/ 2nd Contact Person: _____ Cell Phone: _____
Address: _____ E-Mail Address: _____

Are Street Closures Requested? Yes No () Number & Type of Vendors: N/A
Will Alcohol be Served? Yes No
Will there be amplified music? Yes No ()

Page 1 of 2 - Application continues on the back of this page

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

Site Map Check List

One of the MOST important parts of the application is the Site Map. Please include a detailed **reproducible** map of the event including, but not limited to, the following:

- An outline of the entire event location, including the names of all streets or areas that are part of the venue and surrounding area; attendee parking layout; and tent/canopy locations (indicating size of each). If the event involves a moving route of any kind (parade, walk, march, etc.) indicate the direction of travel, all street or lane closures and locations where event volunteers will be posted.
- The location of barriers, fences and/or barricades. Indicate removable fencing/barriers for emergency vehicle access.
- The location of first aid facilities and ambulance parking areas, if applicable.
- A detailed or close up view of food booths and cooking area configuration, including identification of all vendors cooking with flammable gasses or barbeque grills.
- Generator locations and/or sources of electricity.
- Location of event related vehicles and/or trailers.
- Exit locations for outdoor events that will be fenced.
- Other relevant event components.
- The map should be drawn to scale and should include a "North" arrow.

Applicant Information (Decision) will be mailed to the name and address provided below).

Name: Alice Flores
Address: 1757 Santa Cruz Dr.
City, State, Zip: Tulare CA 93274
Phone: (559) 759-3852
E-Mail: aliceflo33@gmail.com

Signature of Owner or Authorized Agent*

Owner

Date

Authorized Agent*

Date

-THIS AREA FOR CITY STAFF USE ONLY-

APPLICATION DEEMED COMPLETE

By: _____

Date: _____

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

INDEMNIFICATION AGREEMENT

Host Organization and/or Event Organizer agree, in consideration of the granting of this Application and Special Event Permit for:

Neighborhood Block Party to be held on 7/4/21 by Alice Flores
(Event Name) (Event Date(s)) (Event Organizer/Primary Applicant)

Of N/A
(Host Organization)

Host Organization and/or Event Organizer(s) agree to defend, indemnify and hold harmless the City of Tulare, and the City of Tulare's employees, officers, managers, agents, council members, and volunteers harmless from any and all losses, damages, claims for damage, liability, lawsuits, judgment expense and cost(s) arising from any injury or death to any person or damage to any property including all reasonable costs for investigation and defense thereof (including, but not limited to, attorney fees, costs and expert fees) arising out of or attributed to the issuance of Applicant's Special Event Permit regardless of where the injury, death or damage may occur, unless such injury, death or damage is caused by the sole negligence or willful misconduct of the City.

Host Organization and/or Event Organizer agree to provide satisfactory evidence of, and shall maintain during the specified special event, such insurance policies and coverages in the types, limits, forms and ratings required by the City's Risk Manager or City Attorney or their designee.

Host Organization and/or Event Organizer hereby requests waiver of insurance under the prohibitive cost exemption. Note: This waiver is offered only to Block Party/Neighborhood Event Applicants.

Alice Flores
Print Name

[Signature]
Signature

Event Organizer
Title

7/22/21
Date



CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION 1 – CONTACT INFORMATION

HOST ORGANIZATION*

Host Organization is the organization accepting all financial responsibility for the event and provides the required insurance.

Organization Name: Neighborhood Black Party

Type of Organization: Corporation LLC Non-Profit

Mailing Address: 1757 Santa Cruz Dr. Physical Address (if different): _____

Primary Phone Number: (559) 759-3850 E-mail Address: alicefl33@gmail.com

Website Address: _____

EVENT ORGANIZER*

Event Organizer is the applicant give authorization by the host organization to apply for the Special Event Permit.

Name & Title: N/A

Mailing Address: _____ Physical Address (if different): _____

Primary Phone Number: () _____ E-mail Address: _____

Website Address: _____

SECONDARY ORGANIZER*

It is recommended that the Event Organizer provide contact information for a Secondary Organizer

Name & Title: N/A

Mailing Address: _____ Physical Address (if different): _____

Primary Phone Number: () _____ E-mail Address: _____

Website Address: _____

ON-SITE CONTACT*

Contact Information for the person who will be on-site and will be the primary contact on the day of the event.

Name & Title: Alice Flores (Host)

Mailing Address: 1757 Santa Cruz Dr. Physical Address (if different): _____

Primary Phone Number: (559) 759-3850 E-mail Address: alicefl33@gmail.com

Website Address: _____

ONLY THOSE AUTHORIZED AS EVENT ORGANIZER AND SECONDARY ORGANIZER WILL BE ABLE TO MAKE CHANGES TO THIS APPLICATION.

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION II – EVENT INFORMATION

EVENT DETAILS

Event Name: Neighborhood Black Party

- Type of Event:
- | | |
|---|---|
| <input type="checkbox"/> 5K or 10k Run | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Ceremony | <input checked="" type="checkbox"/> Block Party |
| <input type="checkbox"/> Farmers Market | <input type="checkbox"/> Street Fair |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Parade |
| <input type="checkbox"/> Concert | <input type="checkbox"/> Celebration |
| <input type="checkbox"/> Car Show | <input type="checkbox"/> Other _____ |

Event Description: (50 word minimum) Neighborhood Black Party for
4th of July.

EVENT DURATION

- Is this an annual event: Yes No
- Is this a multi-day event: Yes No
- Is there an admission fee: Yes No
- If so, how many days? _____
If yes, please include admission fee \$ _____

Anticipated Attendance: 50 (overall) per day

Previous year's attendance (if applicable): _____ (overall/per day)

EVENT SET-UP & TEAR DOWN

If you will be utilizing street closures please refer to the next section to provide all street closure information

How many days will your organization require to: Set up: 7/4/21 Tear Down: 7/4/21

Event Set-up Date: 7/4/21 Event Set-Up Time: 1:00 pm

Event Start Date: 7/4/21 Event Start Time: 1:00 pm AM/PM

Event End Date: 7/4/21 Event End Time: 10:00 AM/PM

Event Tear-Down Date: 7/4/21

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION III– STREET CLOSURE(S)

The City of Tulare requires signatures from all affected residents/businesses both on and/or adjacent to a proposed street closure. Signatures and addresses will be cross-checked, with the completed map, by the Community & Economic Development Department staff prior to final approval. If any affected resident/businesses have not signed this petition, indicate the address and reason(s) below (i.e. resident on vacation, unable to connect with resident, business disapproves of street closure, etc.)

STREET CLOSURE(S)

Closure Start Date: 7/4/21 Closure Start Time: 1:00pm AM/PM PM
Closure End Date: 7/4/21 Closure End Time: 10:00pm AM/PM PM

If your street closure involves the closure of a State Highway, the City must receive proof of Caltrans approval prior to the approval of this application.

BARRICADE EQUIPMENT

Will the Host Organization supply its own street barricades? Yes No

If not, the Host Organization agrees to pick up barricades from the City of Tulare Public Works Department 24 hours prior to the date of the event start date. Host Organization will be required to provide a required fee for the use of City-owned barricades. A cost will be associated with any lost, damaged or barricades not returned. Note: The City will not supply supplemental traffic control signs required by the approved traffic control plan.

If barricades and supplemental traffic control will be supplied by a private company, please provide the following information.

Company Name: _____
Contact Name: _____
Mailing Address: _____
Physical Address (if different): _____
Primary Contact Number: () _____

TRAFFIC CONTROL PLAN

Host Organization and/or Event Organizer must provide a traffic control plan prepared by a registered engineer or traffic control company possessing a California C-31 class contractor's license.

Please list the streets from intersection to intersection, which will be closed for your event. Your Traffic Control Plan must show all streets, street closures, traffic control devices in compliance with the provisions of the California Manual of Uniform Traffic Control Devices (CA-MUTCD), and must include a designated 12-foot wide emergency lane.

- 1) Street Name: 1750 Santa Cruz Dr. From (cross street): 1769 Santa Cruz Dr.
- 2) Street Name: _____ From (cross street): _____
- 3) Street Name: _____ From (cross street): _____
- 4) Street Name: _____ From (cross street): _____
- 5) Street Name: _____ From (cross street): _____

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION IV – CATERING & FOOD VENDORS

CATERING/FOOD VENDOR DETAILS

Event Organizer **must** obtain health permits from all food handlers. If alcoholic beverages will be sold at the event, an ABC Permit is required. An ABC Permit application **MUST** be submitted to the City for approval a minimum of 30 days prior to the event. Police services may be required.

Event will include the following (please mark all that apply):

- Alcoholic Beverage items Non-profit Food Vendors Pre-Packaged Food/Beverage
 Professional Catering Retail Food Vendors

Name of Entity named on ABC Permit & Serving Alcohol at Event:

Name of Entity: N/A Entity Address: _____

Entity Phone Number: () _____

Alcohol shall be served in an area no larger than an enclosed 300 sf area with a maximum posted capacity of 60 people. The alcohol service area must have two separate exits and it must be constructed of a solid type fencing to prohibit alcohol from being removed from the area, or passed to minors.

Security Guards shall be posted at each entrance and exit of the designated area. Security guards shall also be posted at the point of sale. *(Additional security may be required by Tulare Fire Marshal and Tulare PD)*

VENDOR INFORMATION REQUIREMENT

If the event will include food vendors, a complete list of all food vendors must be provided a minimum of 5 working days prior to the event. A site map detailing the location of each food vendor and concessionaire must be submitted for review and approval. All participating food vendors must have a valid Permit from the Department of Environmental Health County of Tulare, Business Tax Certificate, and Liability Insurance.

Number of Food Vendors: _____

Number of Non-Food Vendors: _____

NOTE: Non-food vendors must also be included on the list and must provide a Business Tax Certificate and Liability Insurance.

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION V – VENUE & STAGING

PARKS, RECREATION & COMMUNITY SERVICES EVENTS

If you plan to hold your event at a City park, it is your responsibility to contact the appropriate division or facility manager with the Community Services Department to coordinate the schedule of your event. Rules, regulations and restrictions unique to each site/facility may apply. For more information, please call the Community Services Department at (559) 684 – 4310.

Facility Use Permit: Will this event take place at a City park?

Yes

No

VENUE DETAILS

Venue Name: _____

Venue Address: _____

Venue Description (You must attach your Site Plan/Map to your Application Packet):

STAGING DETAILS

The following items will be used at the event (Please mark all that apply):

Amplified Music

Bleachers

Dance Floors

Live Entertainment

Loud Speaker(s)

Microphones

Stage(s) Number & Size: _____ (Please indicate location and size on Site Plan/Map)

EZ Up Number & Size: _____ (Please indicate location and size on Site Plan/Map)

Canopy Number & Size: _____ (Please indicate location and size on Site Plan/Map)

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION VI – SANITATION & WASTE REMOVAL

RESTROOM FACILITY DETAILS

Some events will require the presence of portable restrooms and/or hand-washing stations. Use of these items will require the Event Organizer to meet ADA regulations. Please contact your rental company for attendance to restroom ratios. A copy of the rental company's Business Tax Certificate and Liability Insurance must be attached to the Permit Application. Please indicate the location(s) of the facilities on your Site Plan/Map.

Will Event Organizer provide portable restroom facilities? Yes No

If so, please provide the following information:

Company Name: _____

Contact Name: _____

Mailing Address: _____

Physical Address (if different): _____

Primary Phone Number: () _____ Cell Phone Number: () _____

WASTE REMOVAL DETAILS – SOLID WASTE DIVISION - (559) 684-4325

Host Organizer shall complete the City of Tulare Special Event Rental Agreement for the advance use of Solid Waste services for the Event and pay in full fees for special trash event containers at the Finance Department at 411 E. Kern Avenue before delivery can be made.

The Solid Waste Department will deliver the containers on the last business day before the event and remove the containers on the first business day after the event. Weekend deliveries and removals are not available.

Solid Waste Rates (as of 7/1/2019)

- **1-6 Trash Special Event Containers: \$58.91**
- **Payment includes delivery and removal of event containers.**

Any additional trash event containers: \$8.00 per container

SPECIAL NOTE: There will be an additional \$10.00 service fee for each Blue Recycle container that is contaminated with trash when picked up from the event location.

All cans will be dropped off at one location and all cans will need to be placed at the same location for removal.

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION VII – SECURITY, POLICE & FIRE

SECURITY AND/OR POLICE

Please note that all events exceeding _____ persons will require that law enforcement be hired for the event.

If necessary, in case of emergency, the On-Site Contact will call 9-1-1.

Event Organizer is requesting assistance from the Tulare Police Department. The Tulare Police Department will require a signed contract for services provided.

Event Organizer will provide a private security company.

If providing a private security company, please provide the following information and attach copies of the company's Business Tax Certificate, Liability Insurance and California State License.

Company Name: _____

Contact Name: _____

Physical Address (If different): _____

Primary Phone Number: () _____ Cell Phone Number: () _____

E-Mail Address: _____

FIRE

N/A

Please note that all events exceeding _____ persons will require Fire Department standby and/or emergency medical services be hired for the event.

Event will require the use of temporary power or generators. How many: _____ Capacity: _____

Event will include canopies over 700 square feet or tents over 400 square feet.

Event will include a stage.

Event will include folding chairs, or similar loose seating for more than 200 people.

Additional Fire Comments:

SECTION VIII - APPLICANT AGREEMENT

AK Host Organization and/or Event Organizer agrees, upon request, to provide a General Liability Insurance Certificate providing evidence of general liability insurance coverage in the minimum amount of \$1,000,000 naming the City of Tulare, its officers, employees and agents' as additional insured. This document must be submitted no later than ten (10) days prior to the events start date.

AK Host Organization and/or Event Organizer agrees, upon request, to submit a Security Plan setting forth the proposed security measures to be taken to protect the health, safety and welfare of the participants, spectators, bystanders and passersby. This plan may be reviewed by the Tulare Police Department who may require alterations to the plan. Security measures may include by are not limited to the hiring of a private security or Tulare Police Officers at the expense of the Event Organizer.

AK Host Organization and/or Event Organizer agrees, upon request, to provide a copy of their Determination Letter, as issued by the Internal Revenue Service of the United States or State of California, if the application is made on behalf of any organization representing itself as a tax-exempt, non-profit and/or charitable organization.

AK Host Organization and/or Event Organizer agrees, to notify all residents and businesses that will be affect by street/sidewalk closures and/or amplified sound.

AK Host Organization and/or Event Organizer agrees, to supply warning signs and/or barricades and to situate them in such a position that the road closure(s) may be maintained in a safe and orderly manner. Barricades must be manned at all times during the street closures.

AK Host Organization and/or Event Organizer agree, that any false statement or material misrepresentation made in support of this application and permit is cause for denial of issuance of a Special Event Permit. Applicant also agrees that failure to adhere to the policies and procedures established by the City of Tulare. upon request, to provide a General Liability Insurance Certificate providing evidence of general liability insurance coverage in the minimum amount of \$1,000,000 naming the City of Tulare, its officers, employees and agents' as additional insured. This document must be submitted no later than ten (10) days prior to the events start date.

By signing below, Host Organization and/or Event Organizer indicate understanding and agreement to the above statements.

Alice Flores
Print Name

(Host)
Title

[Signature]
Signature

10/22/21
Date

NOTICE OF TEMPORARY STREET CLOSURE

The City of Tulare requires that all affected residents/businesses both on and adjacent to the proposed street closure be notified of such a street closure. Therefore, this document serves as proof of notice of the proposed street closure listed.

A temporary street closure has been requested for the following date(s)/time(s) for the streets listed.

Closure Start Date: 7/4/21 Closure Start Time: 1:00 AM/PM
Closure End Date: 7/4/21 Closure End Time: 10:00 AM/PM

Street Name(s):

1750 Santa Cruz Dr to 1769 Santa Cruz Dr.

The purpose of the proposed street closure is (Event Description):

Neighborhood Block Party

Host Organization Name: _____

Contact Name: Alice Flores Contact Phone Number: (559) 759-3850

ACKNOWLEDGEMENT

By signing below, the undersigned acknowledges receipt of the above "Notice of Temporary Street Closure."

Alice Flores
Print Name

Host
Title

Business Name

1757 Santa Cruz Dr.
Address

Signature

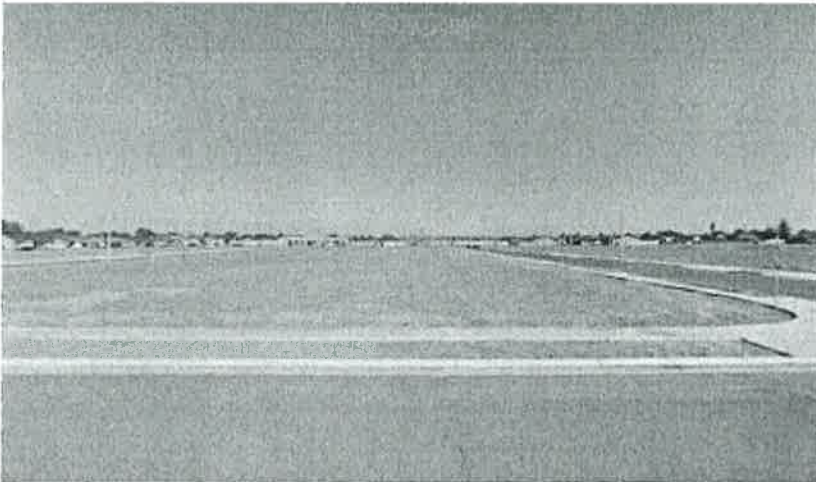
(559) 759-3850
Phone Number

Use individual forms for each business/resident contacted. Executed forms must be returned to the City of Tulare – Planning Department 2 business days prior to the event start date.

Google Maps 1750 Santa Cruz Dr W



Imagery ©2021 Maxar Technologies, Map data ©2021 20 ft



1750 Santa Cruz Dr W

Building



Directions



Save



Nearby



Send to your phone



Share



1750 Santa Cruz Dr W, Tulare, CA 93274



— THIS AREA FOR CITY STAFF USE ONLY —

Date Received: 6/24
SPR Agenda: 6/3 Item No. 2
Zoning: _____ GP Designation: _____

CITY OF TULARE SITE PLAN REVIEW APPLICATION

This application **MUST** be filled out in its entirety and submitted with **ten (10) copies** of an acceptable site plan (see details below). Failure to provide all requested information may result in your application being rejected for additional information and excluded from the Site Plan Review agenda.

All plans to be considered on the next available agenda must be submitted by 3:00pm on the Thursday prior to the meeting.

SITE PLAN MEETINGS ARE HELD ON WEDNESDAYS AT 1:30 PM AT TULARE CITY HALL-COMMUNITY ROOM – 411 E KERN AVE – APPLICANT OR REPRESENTATIVE MUST BE PRESENT

GENERAL PROJECT INFORMATION

Project/Business Name: CROSS STREET VETERINARY Date: 24, JUNE '21

Project Description: ACQUIRE PROPERTY TO INCREASE ACCESS TO "M" STREET FROM PARCEL.

Site Plan Review Submittal: Yes No If Resubmittal, Previous Site Plan Review No: _____

Property Owner: RICHARD HEERS Applicant(s) Name: TAE INC. ARCHITECTURE/PLANNING

Property Address/Location: 400 E. CROSS / 008 "M" ST Assessor Parcel No. (APN): 170-221-001

Parcel Size (Acreage or Sq Ft.): 0.97 AC Building Square Footage: N/A 170-221-002

Describe All Proposed Building Modifications: NO MODIFICATIONS PROPOSED

A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS

Industrial & Commercial

Existing/Prior Land or Building Use: APARTMENTS / VETERINARY CLINIC

Proposed Building or Land Use: SAME, NO CHANGE

Proposed Hours of Operation: _____ Days of Week in Operation (Circle): Su M T W Th F Sa

Number of Existing Parking Stalls: 24 Number of Proposed New Parking Stalls: 0

Number of Existing or Anticipated New Employees: NO CHANGE Anticipated No. of Trucks/day: NO CHANGE

Brief Operational Statement: N/A

A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS

Residential

N/A

Is the project: New construction Remodel

Single-Family Residential Multi-Family Residential

Number of dwelling units: _____ Total of area (in square feet): _____

Total lot coverage of buildings or structures (in square feet): _____ Percentage of lot coverage _____ %

Proposed project phasing: Yes No If yes, proposed number of phases: _____

SITE PLAN MINIMUM REQUIREMENTS

The Applicant shall submit **ten (10) copies** of the proposed site plan along with this completed Application to the Office of Community & Economic Development. Suggested minimum sheet size for site plans is 11"x17" folded to a legal size of 9"x12" with the print on the outside. No rolled plans accepted. (Excludes tentative and parcel maps)

The Site Plan shall be drawn to scale and indicate clearly and with full dimensions the following information: (*Municipal Code Section 10.120.040*)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Address | <input checked="" type="checkbox"/> Location and width of drive approaches |
| <input checked="" type="checkbox"/> Assessor's parcel number | <input checked="" type="checkbox"/> Method of on-site drainage |
| <input checked="" type="checkbox"/> Vicinity map on cover sheet | <input checked="" type="checkbox"/> Location of existing and/or proposed public improvements |
| <input checked="" type="checkbox"/> Scale and north arrow | <input checked="" type="checkbox"/> Method of sanitary disposal |
| <input checked="" type="checkbox"/> Dimensions of property | <input checked="" type="checkbox"/> Location and wide of drive approaches to site |
| <input checked="" type="checkbox"/> Existing and proposed structures showing distances from Property lines | <input checked="" type="checkbox"/> Adjacent street names |
| <input checked="" type="checkbox"/> Location and height of proposed fences, walls | <input checked="" type="checkbox"/> Existing and proposed landscaping |
| <input checked="" type="checkbox"/> Existing and proposed parking stalls (include ADA) | <input checked="" type="checkbox"/> Location of signs and size |
| | <input checked="" type="checkbox"/> Elevations if required by City Planner |

Failure to provide all requested information my result in your application being rejected and excluded from the Site Plan Review agenda

Applicant Information (Final Comments will be mailed to the name and address provided below.)

***If signed by an authorized agent, an "Agency Authorization" must be completed for this application to be considered complete.**

Name: TAE INC. ARCHITECTURE/PLANNING

Address: PO Box 1177

City, State, Zip: TULARE, CA 93215

Phone: 789.688.7071

E-Mail: info@taeinc.com

Signature of Owner or Authorized Agent*	
<u>RG/la</u>	<u>6-23-21</u>
Owner	Date
Authorized Agent*	Date

-THIS AREA FOR CITY STAFF USE ONLY-

APPLICATION DEEMED COMPLETE

By: _____

Date: _____



-- THIS AREA FOR CITY STAFF USE ONLY --
Date Received: 6/24
SPR Agenda: 6/30 Item No. 3
Zoning: _____ GP Designation: _____

CITY OF TULARE SITE PLAN REVIEW APPLICATION

*This application MUST be filled out in its entirety and submitted with **ten (10) copies** of an acceptable site plan (see details below). Failure to provide all requested information may result in your application being rejected for additional information and excluded from the Site Plan Review agenda.*

All plans to be considered on the next available agenda must be submitted by 3:00pm on the Thursday prior to the meeting.

SITE PLAN MEETINGS ARE HELD ON WEDNESDAYS AT 1:30 PM AT TULARE CITY HALL-COMMUNITY ROOM - 411 E KERN AVE - APPLICANT OR REPRESENTATIVE MUST BE PRESENT

GENERAL PROJECT INFORMATION

Project/Business Name: Coffee Shop Date: 6/23/21
Project Description: We want to partner with Vali Coffee to turn our co-work space into a coffee shop.
Site Plan Review Submittal: Yes No If Resubmittal, Previous Site Plan Review No: _____
Property Owner: Blake Shawn + Jacob Fraga Applicant(s) Name: Blake Shawn + Jacob Fraga
Property Address/Location: 241 E. Kern Ave. Assessor Parcel No. (APN): 2-176-400-003-000
Parcel Size (Acreage or Sq Ft.): roughly 1500sqft. Building Square Footage: 3500sq.ft.
Describe All Proposed Building Modifications: ADA Bathroom + outfit kitchen for adequate coffee shop usage.

A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS

Industrial & Commercial
Existing/Prior Land or Building Use: Co-work/shared office space.
Proposed Building or Land Use: Coffee shop
Proposed Hours of Operation: 7am-3pm Days of Week in Operation (Circle): Su M T W T F Sa
Number of Existing Parking Stalls: 12 Number of Proposed New Parking Stalls: 0
Number of Existing or Anticipated New Employees: 0 Anticipated No. of Trucks/day: 0
Brief Operational Statement: Vali Coffee would lease the space

A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS

Residential

Is the project: New construction Remodel

Single-Family Residential Multi-Family Residential

Number of dwelling units: _____ Total of area (in square feet): _____

Total lot coverage of buildings or structures (in square feet): _____ Percentage of lot coverage _____%

Proposed project phasing: Yes No If yes, proposed number of phases: _____

SITE PLAN MINIMUM REQUIREMENTS

The Applicant shall submit **ten (10) copies** of the proposed site plan along with this completed Application to the Office of Community & Economic Development. Suggested minimum sheet size for site plans is 11"x17" folded to a legal size of 9"x12" with the print on the outside. No rolled plans accepted. (Excludes tentative and parcel maps)

The Site Plan shall be drawn to scale and indicate clearly and with full dimensions the following information: (Municipal Code Section 10.120.040)

- ✓ Address
- ✓ Assessor's parcel number
- ✓ Vicinity map on cover sheet
- ✓ Scale and north arrow
- ✓ Dimensions of property
- ✓ Existing and proposed structures showing distances from Property lines
- ✓ Location and height of proposed fences, walls
- ✓ Existing and proposed parking stalls (include ADA)
- ✓ Location and width of drive approaches
- ✓ Method of on-site drainage
- ✓ Location of existing and/or proposed public improvements
- ✓ Method of sanitary disposal
- ✓ Location and wide of drive approaches to site
- ✓ Adjacent street names
- ✓ Existing and proposed landscaping
- ✓ Location of signs and size
- ✓ Elevations if required by City Planner

Failure to provide all requested information my result in your application being rejected and excluded from the Site Plan Review agenda

Applicant Information (Final Comments will be mailed to the name and address provided below.

*If signed by an authorized agent, an "Agency Authorization" must be completed for this application to be considered complete.

Name: Zack Slover

Address: 241 E. Kern Ave.

City, State, Zip: Tulare CA 93274

Phone: 559-936-9177

E-Mail: zack@theshawn.com

Signature of Owner or Authorized Agent*

[Signature] 6-23-2021
 Owner Date

[Signature] 6/23/21
 Authorized Agent* Date

-THIS AREA FOR CITY STAFF USE ONLY-

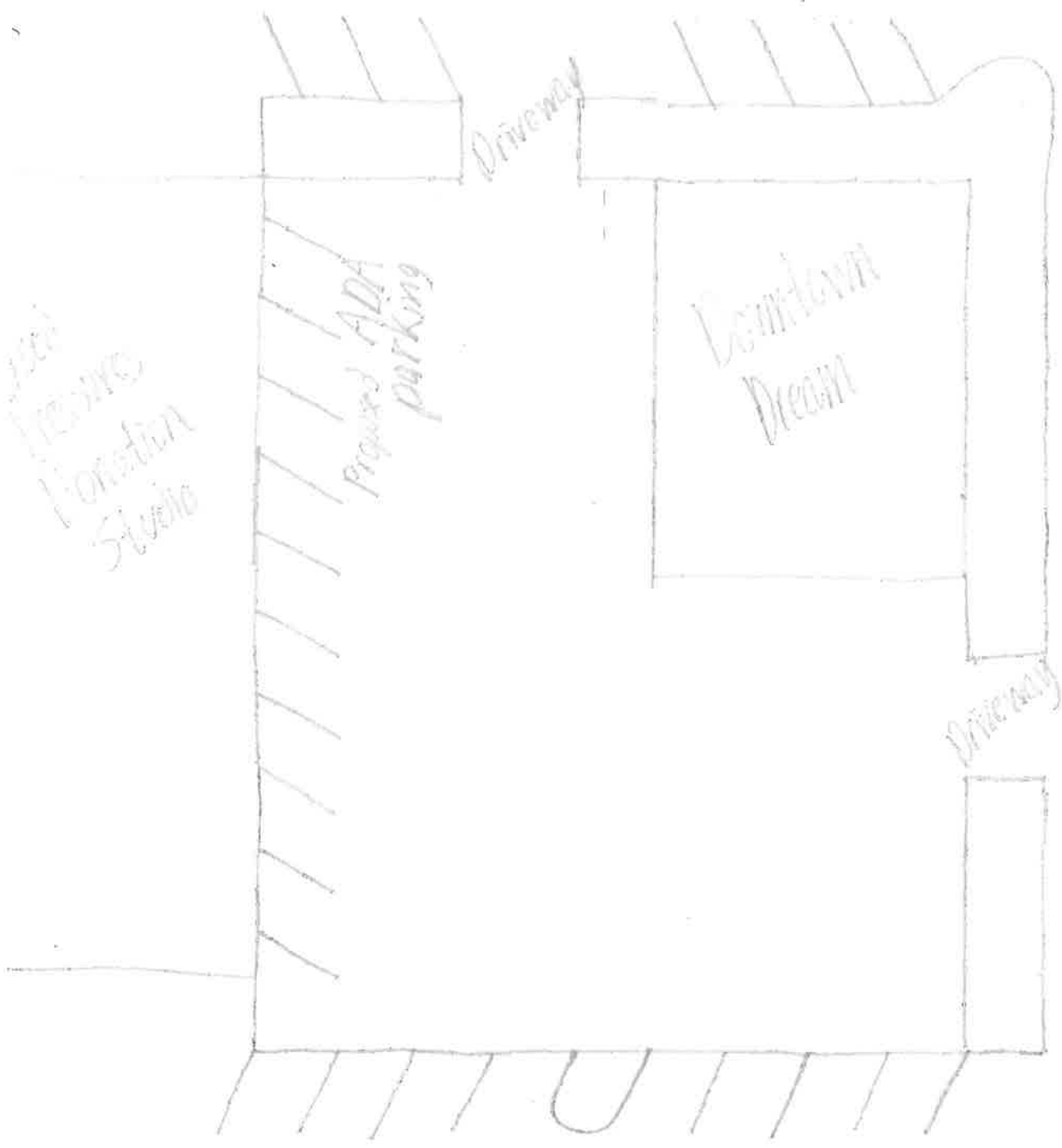
APPLICATION DEEMED COMPLETE

By: _____

Date: _____



E Kern Ave.



757-5

City Parking Lot



241 E Kern Ave
parcel #: 176-400-001-000
Interior



- Vali Coffee (Public) ^{Open to}
- + ADA
 - + Kitchen
 - + living rooms
- ≈ 1750 sqft