#### Community & Economic Development Department 411 East Kern Avenue

Tulare, CA 93274 (559) 684.4217 Fax (559) 685.2339 Fee: \$0.00

Special Event Application No.



| - THIS AREA    | FOR CITY STAFF USE ONLY— |
|----------------|--------------------------|
| Date Received: | 8/19                     |
| SPR Agenda:    | 3/25 Hem 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

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

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| wgmaji com<br>us@gmail |
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|                        |

| 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).

C/D: "A Mother Matters"

Name: Loshanda Smith

Address: 2090 Martinho Ave

City, State, Zip: Tulare, Ca 93274

Phone: 559.736.3637 for)

E-Mail: Signature of Owner or Authorized Agent\*

Plant Signature of Owner or Authorized Agent\*

Owner

Plant Signature of Owner or Authorized Agent\*

Authorized Agent\*

Authorized Agent\*

Authorized Agent\*

Date

| -THIS AREA FOR CITY STAFF USE ONLY- | APPLICATION DEEMED COMPLETE |
|-------------------------------------|-----------------------------|
| Ву:                                 | Date:                       |

|    | INDEMNIFICATION AGREEMENT  |
|----|--|
|    | Host Organization and/or Event Organizer agree, in consideration of the granting of this Application and Special   |
|    | National Day of Remembrance  of Murdered/Homicide to be held on 25,2021 by Roshanda Smith  (Event Name) Vich MS  (Event Organizer/Primary Applicant)   |
|    | Of A Mother Matters (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.   |
| 6  | 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.   |
|    | rint Name  Visionary & Mosher  Title   |
| Si | Restandal MATO Date  Date  |
|    |  |



| 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: "A Mother Matters"  |  |  |
| Type of Organization:   Corporation   LLC   Woon-Profit  |  |  |
| Mailing Address: 2090 Martinho Aw Physical Address (if different):   |  |  |
| Primary Phone Number: (559) 736-3637 E-mail Address: SMithroshanda@gmail.com(or)  S59-991-1120  Website Address: Na  Website Address: Na   |  |  |
| EVENT ORGANIZER*  Event Organizer is the applicant give authorization by the host organization to apply for the Special Event Permit.  Name & Title: Roshunda Smith "Nationa Day of Rummhuanu" by "A Mithur Matturs"                       |  |  |
| Mailing Address: 2090 Martinho Physical Address (if different):  |  |  |
| Primary Phone Number: (509) 7363637 E-mail Address: Salle as above 559-991-1120  Website Address:  |  |  |
| SECONDARY ORGANIZER*  It is recommended that the Event Organizer provide contact information for a Secondary Organizer  Name & Title:  |  |  |
| 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: Roshanda Smith (CED)  Mailing Address: 2090 Martinho Rve Physical Address (if different): |  |  |
| Primary Phone Number: (559) 130-3637 Or E-mail Address: (Salu)   |  |  |
| Website Address:   |  |  |

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

| SECTIO   | ON II – EVENT INFORMATION   |
|--|---|
| EVENT DETAILS  |   |
| Event Name: "A Mother Matter   | s' (Remembers by saying their Names)                                  |
| Type of Event: ☐ 5K or 10k Run☐ Ceremony☐ Farmers Market☐ Bike Race☐ Concert☐ Car Show | ☐ Festival ☐ Block Party ☐ Street Fair ☐ Parade ☐ Celebration ☐ Other |
| Event Description: (50 word minimum) 4 S N   | lothers we would like our children to                                 |
| be remembered & honor/reman  | iber the families that are left behind.                               |
| Bring awareness to ALL   | that As Mothers We Matter.  |
| EVENT DURATION   |   |
| Is this an annual event: ☐ Yes Is this a multi-day event: ☐ Yes                        | ✓ No  ☐ No  If so, how many days?                                     |
| Is there an admission fee: ☐ Yes   | ☐ No If yes, please include admission fee \$                          |
| Anticipated Attendance: Previous year's attendance (if applicable):                    | open to the Community (overall/per day)  (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: Same day Same day   |
| Event Set-up Date: 4/25/21   | Event Set-Up Time:  |
| Event Start Date: 9/25/21  | Event Start Time: AM/PM   |
| Event Foor Date: 9/25/21   | Event End Time:AM/PM  |
| Event Tear-Down Date: 9/25/21  |   |

#### **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) (Y the City Wants US to Walkin the Street)

Closure Start Date: September 25, 21 Closure Start Time: 1630 or 4:30 PAMPM

Closure End Date: September 25'21 Closure End Time: 1830 or 6:30 PAMPM

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: ( )   |  |  |  |
| (e)   |  |  |  |
| 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: Zumwalt Park to I" Street From (cross street):  |  |  |  |
| 2) Street Name: I Street to Vern From (cross street):   |  |  |  |
| 3) Street Name: Kern to Lot Street From (cross street):   |  |  |  |
| 4) Street Name: LSt to Zumwalt Port From (cross street):  |  |  |  |
| 5) Street Name: From (cross street):  |  |  |  |

#### SECTION IV - CATERING & FOOD VENDORS

|   | CALLINING & FOOD VENDORS   |
|---|--|
|   | CATERING/FOOD VENDOR DETAILS NA  |
|   | Event Organizer <u>must</u> 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 <u>MUST</u> be submitted to the City for approval a minimum of <u>30 days prior</u> 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: Entity Address:  |
|   | Entity Phone Number: ( )   |
| J | 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  (A)  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 be submitted for review and |
| _ | pproval. All participating food vendors must have a valid Permit from the Department of Environmental Health County of<br>ulare, Business Tax Certificate, and Liability Insurance.  |
| ١ | lumber of Food Vendors:  |
| N | lumber 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.  |
|   |  |
|   |  |
|   | *  |
|   |  |
|   |  |

#### 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

Zumwart Park for beginning & ending

|  |                    | J                      | J                           |                              |
|--|--------------------|------------------------|-----------------------------|------------------------------|
| VENUE DETAI  | LS                 |                        |                             |                              |
| Venue Name:  |                    |                        |                             |                              |
| Venue Address  | 6<br>0             |                        |                             |                              |
| Venue Description (You must attach your Site Plan/Map to your Application Packet): |                    |                        |                             |                              |
|  |                    |                        |                             |                              |
|  |                    |                        |                             |                              |
|  |                    |                        |                             |                              |
|  |                    |                        |                             |                              |
|  |                    |                        |                             |                              |
| STAGING DETA   |                    |                        |                             |                              |
| The following i  | items will be uses | s at the event (Please | mark all that apply):       |                              |
| ☐ Amplified Mu   | ısic               | ☐ Bleachers            | ☐ Dance Floors              | ☐ Live Entertainment         |
| ☐ Loud Speaker   | r(s)               | Microphones            |                             | ю.                           |
| ☐ Stage(s)   | Number & Size:     |                        | (Please indicate location a | nd size on Site Plan/Map)    |
| □ EZ Up  | Number & Size:     | -                      | (Please indicate locatio    | n and size on Site Plan/Map) |
| ☐ Canopy   | Number & Size:     |                        | (Please indicate locatio    | n and size on Site Plan/Map) |
|  |                    |                        |                             |                              |

### SECTION VI - SANITATION & WASTE REMOVAL

### 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.

# 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 (if recessary) ☐ 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: Na Contact Name: \_\_\_\_\_ Physical Address (If different): Primary Phone Number: ( ) \_\_\_\_\_\_ Cell Phone Number: ( ) \_\_\_\_\_ E-Mail Address:

| FIRE   |                |
|--|----------------|
| Please note that all events exceeding persons will require Fire Department standby and/or eme services be hired for the event. | rgency medical |
| ☐ 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:  |                |
|  |                |
| 3  |                |
|  |                |
|  |                |

### SECTION VIII - APPLICANT AGREEMENT

| <b>9</b> λ —  |   |
|---|---|
| modifice certificate providing evidence or general lia  | ployees and agents' as additional insured. This document  |
| forth the proposed security measures to be taken to perfect to spectators, bystanders and passersby. This plan may laterations to the plan. Security measures may includ Police Officers at the expense of the Event Organizer.   | protect the health, safety and welfare of the participants, be reviewed by the Tulare Police Department who may require e by are not limited to the hiring of a private security or Tulare  |
| application is made on behalf of any organization reprogramization. ? "Shill working for Office   | nizer agrees, upon request, to provide a copy of their ue Service of the United States or State of California, if the esenting itself as a tax-exempt, non-profit and/or charitable   |
| affect by street/sidewalk closures and/or amplified sou   | nizer agrees to notify all residents and business and a   |
| ∠  Most Organization and/or Event Organ  L  Most Organ  L  Most Organization and/or Event Organ  L  Most Organization and/or Event Organ  L  Most Organization and/or Event Organ  L  Most Organ  L | nizer agrees, to supply warning signs and/or barricades and to  |
| Host Organization and/or Event Organ misrepresentation made in support of this application a Permit. Applicant also agrees that failure to adhere to upon request, to provide a General Liability Insurance Coverage in the minimum amount of \$1,000,000 namin   | dizer agree, that any false statement or material and permit is cause for denial of issuance of a Special Event the policies and procedures established by the City of Tulare. Certificate providing evidence of general liability insurance g the City of Tulare, its officers, employees and agents' as no later than ten (10) days prior to the events start date. |
| By signing below, Host Organization and/or Event Organ statements.  | nizer indicate understanding and agreement to the above   |
| Roshanda L. Smith   |   |
| Print Name  | Motheralisionary of "a Mother Mother Mother   |
| Portandallnuth Signature  | Date 11th 2021  |
|   |   |

## NOTICE OF TEMPORARY STREET CLOSURE

| 1 |    | ,         |   |
|---|----|-----------|---|
| ( | y  | necessary | ) |
|   | 1) | 3         |   |

| A temporary street closure has be | en requested for the foll | owing date(s)/time(s) for the streets | listed.       |
|-----------------------------------|---------------------------|---------------------------------------|---------------|
| Closure Start Date:               |                           | Closure Start Time:                   | AM/PM         |
| Closure End Date:                 |                           | Closure End Time:                     | AM/PM         |
| Street Name(s):                   |                           |                                       |               |
|                                   | *                         |                                       |               |
| -                                 |                           |                                       |               |
| The purpose of the proposed stree |                           | intion W                              |               |
|                                   |                           | iption):                              | i i           |
|                                   |                           |                                       |               |
|                                   |                           | er - par en pro-                      |               |
|                                   |                           | · · · · · · · · · · · · · · · · · · · |               |
| Host Organization Name:           |                           | 18                                    |               |
| Contact Name:                     | Contact Ph                | one Number: ( )                       |               |
| <u>ACKNOWLEDGEMENT</u>            |                           |                                       |               |
| By signing below, the undersigned | acknowledges receipt of   | the above "Notice of Temporary Str    | eet Closure." |
| Print Name                        |                           | Title                                 |               |
|                                   |                           | ·······                               |               |
|                                   |                           | Address                               |               |
| Business Name                     | 5 1                       |                                       |               |
| Business Name                     |                           | ( )                                   |               |
|                                   |                           | Phone Number                          |               |
| Business Name<br>Signature        |                           | Phone Number                          |               |

Begin at city hall building; walk north on"M" Street, Make left on Tulare Avenue -> make left on I Street -> make left on Kern -> return back to City Hall.

TULARE AVE

## Community & Economic Development Department

411 East Kern Avenue Tulare, CA 93274 (559) 684.4217 Fax (559) 685.2339 Fee: \$0.00

Site Plan Review Application No.





| - THIS AREA    | FOR CITY STAFF USE ONLY- |
|----------------|--------------------------|
| Date Received: | 8/19                     |
| SPR Agenda:    | 3/25 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

|   | NERAL PROJECT INFORMATION                                   |
|---|---|
| Project/Business Name: KCOK                     |   |
| Project Description: Proposed subdivision       | n development.  |
|   |   |
|   |   |
| Site Plan Review Submittal:                     | If Resubmittal, Previous Site Plan Review No:               |
| Property Owner: DYT Properties, LLC             | , was a size than veriew 140;                               |
|   | Applicant(s) Name: D.R. Horton CA3, Inc.                    |
| Property Address/Location: The Southeast corne  | er of Morrison St. Assessor Parcel No. (APN): R-1-6, R-1-20 |
| Parcel Size (Acreage or Sq Ft.): 17.15 ac.      |   |
|   |   |
| Describe All Proposed Building Modifications:   |   |
|   |   |
| A SEPARATE DETAILED OPERATIONAL                 | STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS          |
| ndustrial & Commercial                          | STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS          |
|   |   |
| Assung/Prior Land or Building Use:              |   |
| roposed Building or Land Use:                   |   |
| roposed Hours of Operation:                     | Davis (M. 1)  |
| Import of Evisting B. 11                        | Days of Week in Operation (Circle): Su M T W Th F Sa        |
| arriber of existing Parking Stalls:             | Number of Proposed New Parking Stalls:                      |
| umber of Existing or Anticipated New Employees: | Anticipated No. of Trucks/day:                              |
| rief Operational Statement:                     | / Trucks/day:   |
|   |   |
|   |   |
|   |   |
|   | Application continues on the back of this page              |

| A SEPARATE DETAILED OPERATIONAL STATES   | MENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS   |
|--|---|
| Residential  | TOTAL SUBMITTALS  |
| Is the project:   New construction   Remodel   |   |
| ☑Single-Family Residential ☐Multi-Family Resident  | ind   |
| Number of dwelling units: 80   |   |
| Total  | of area (in square feet): 747,054   |
| Total lot coverage of buildings or structures (in square feet):  |   |
| Proposed project phasing: ☑ Yes ☐ No If yes, proposed  | number of phases: 9   |
| SITE PLAN MINI   | IMUM REQUIREMENTS   |
| vith the print on the outside. No rolled plans accepted. (Exc  | te plan along with this completed Application to the Office of sheet size for site plans is 11"x17" folded to a legal size of 9'x12" cludes tentative and parcel maps)  |
| he Site Plan shall be drawn to scale and indicate clearly and  | with full dimensions the following information: (Municipal Code   |
| <ul> <li>✓ Address</li> <li>✓ Assessor's parcel number</li> <li>✓ Vicinity map on cover sheet</li> <li>✓ Scale and north arrow</li> <li>✓ Dimensions of property</li> <li>✓ Existing and proposed structures showing distances for Property lines</li> </ul> | 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 |
| Location and height of proposed fences, walls  Existing and proposed parking stalls (include ADA)  | <ul> <li>Existing and proposed landscaping</li> <li>Location of signs and size</li> <li>Elevations if required by City Planner</li> </ul>   |
| pplicant Information (Final Comments will be mailed to the *If signed by an authorized agent, an "Agency Authorization" manner: D.R. Horton CA3, Inc.  | nust be completed for this application to be considered complete.   |
| ity, State, Zip: <u>Visalia, CA 93292</u><br>hone: (559)-636-9850  | Signature of Owner or Authorized Agent*   |
| Mail: CEDemetreos@drhorton.com   | Owner Date  |
|  | Authorized Agent* Date  |
| AREA FOR CITY STAFF USE ONLY-  |   |



Community & Economic Development Department

411 East Kern Avenue Tulare, CA 93274 (559) 684.4217 Fax (559) 685.2339 Fee: \$0.00

Site Plan Review Application No.

21-91



| - THIS AREA    | FOR CITY STAFF USE ONLY— |
|----------------|--------------------------|
| Date Received: | 8/19                     |
| SPR Agenda: _  | 8 25 Item No. 3          |
| Zoning:        | GP Designation:          |

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411 E KERN AVE — APPLICANT OR REPRESENTATIVE MUST BE PRESENT

| Project/Business Name: Chandler Grove                              | Date: August 19, 2021  |
|--|--|
| Project Description; Chandler Grove is development proposing s     | ingle-family, multi-family, townhomes, neighborhood  |
| commercial center, a school site, a park with a community cent     |  |
| Site Plan Review Submittal: ☐ Yes ☐ No If Resubmittal, F           | Previous Site Plan Review No:  |
| Property Owner: Toor Development                                   | Applicant(s) Name: Russell + Mills Studios (Paul Mills)  |
| Property Address/Location: NE of Oakmore St and Avenue 224         | 184-050-07, 184-050-34, Assessor Parcel No. (APN): 184-050-35  |
| Parcel Size (Acreage or Sq Ft.): ~224 acres                        | Building Square Footage: N/A   |
| Describe All Proposed Building Modifications: No modifications pro | pposed   |
| A SEPARATE DETAILED OPERATIONAL STATEMENT IS HE                    | GHLY RECOMMENDED FOR ALL SUBMITTALS  |
| Industrial & Commercial  | The second secon |
| Existing/Prior Land or Building Use:                               |  |
| Proposed Building or Land Use:                                     |  |
| Proposed Hours of Operation: Days of Week in 0                     | Operation (Circle): Su M T W Th F Sa   |
| Number of Existing Parking Stalls: Number of Pro                   | posed New Parking Stalls:  |
| Number of Existing or Anticipated New Employees:                   | Anticipated No. of Trucks/day:   |
| Brief Operational Statement:                                       |  |
|  |  |
| Page 1 of 2 – Application continues                                | on the back of this page   |

| A SEPARATE DETAILED OPERATIONAL STATEMEN   | NT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS                       |
|--|---|
| Residential  |   |
| ls the project:   Mew construction   Remodel   |   |
| Single-Family Residential   Multi-Family Residential   |   |
| ,  |   |
| Number of dwelling units: <u>~1,363</u> Total of a   |   |
| Total lot coverage of buildings or structures (in square feet):  | Percentage of lot coverage %                                      |
| Proposed project phasing: 🛛 Yes 🔲 No 🔝 If yes, proposed nu   |   |
|  | UM REQUIREMENTS   |
| the Applicant shall submit ten (10) copies of the proposed site community & Economic Development. Suggested minimum shall the print on the outside. No relied to | plan along with this completed Application to the Office of       |
| with the print on the outside. No rolled plans accepted. (Excluding  | des tentative and parcel maps)                                    |
| he Site Plan shall be drawn to scale and indicate clearly and wi   |   |
| ection 10.120.040)   | ✓ Location and width of drive approaches                          |
| ✓ Address  | ✓ Method of on-site drainage                                      |
| ✓ Assessor's parcel number   | ✓ Location of existing and/or proposed                            |
| ✓ Vicinity map on cover sheet  | public improvements   |
| ✓ Scale and north arrow  | ✓ Method of sanitary disposal                                     |
| ✓ Dimensions of property   | <ul> <li>Location and wide of drive approaches to</li> </ul>      |
| <ul> <li>Existing and proposed structures showing distances fro</li> </ul>   | site  |
| Property lines   | m ✓ Adjacent street names   |
| ✓ Location and height of proposed fences, walls  | <ul> <li>Existing and proposed landscaping</li> </ul>             |
| Existing and proposed parking stalls (include ADA)   | ✓ Location of signs and size                                      |
| existing and proposed parking statis (include ADA)   | <ul> <li>Elevations if required by City Planner</li> </ul>        |
| ailure to provide all requested information my result in your applica  | tion being rejected and excluded from the Site Plan Review agenda |
| applicant Information (Final Comments will be mailed to the na   | ame and address provided below.                                   |
| *If signed by an authorized agent, an "Agency Authorization" mu  | ist be completed for this application to be considered complete.  |
| Name: Avun Jaoc  |   |
| Address: 27725 Road 92   | Signature of Owner or Authorized Agent*                           |
| City of Again  |   |
| City, State, Zip: Visqlis, CA 43277  | 1/1 / 19.71   |
| Phone: 559-521-5382  | Owner Date  |
| -Mail: arun toor a toorcaptal.com  | Owner Date  |
|  | Authorized Agent* Date  |
| IS AREA FOR CITY STAFF USE ONLY-   | APPLICATION DEEMED COMPLETE                                       |

Date:

KEY LD Single-Family Detached Lots MD Single-Family Detached Lots Townhomes (5 to 6 units per building at 20′x65′) 75 x 125 (& larger) 60×120 50 × 120 42 × 75

| Iroom<br>4 units                               |
|--|
| , and 3 bedroom<br>artments (24 unit<br>Iding) |
| 1,2, and a<br>partmen<br>building)             |
|  |

| 5 DU's Per Zone                           | 3.1 to 7.0U / ac |      |             |         | 7.1 to 14 DU's / ac |               |               |
|---|------------------|------|-------------|---------|---------------------|---------------|---------------|
| Allowed Units 91 247 247 415 14 to 342    |                  | 201  |             | 105     |                     | 306 310 - 612 | 520 so to 623 |
| SF per unit Units<br>6000<br>7200<br>9335 | 3.97             | 3150 | 20.5<br>9.8 | 2500    | 20.5                |               | 2             |
|   |                  | 4    |             | Da65, 2 |                     | TIS.          |               |

| Demity                      |                     |                            |      |
|-----------------------------|---------------------|----------------------------|------|
| triorits                    | · m                 | 520 303 to 623             |      |
| S<br>Acre                   | 28 22 14            |                            | 14.1 |
| L UNITS                     |                     | 1363                       |      |
| ER USES                     | SF / Acres<br>16 ac | Suggested sizes<br>15.8 ac |      |
| hbothood Commercial<br>Park | 16 ac               | 13 up to 2 acres           |      |
| -                           | e ac                | 5.9 ac                     |      |
| : / Cultural /              |                     |                            |      |

|                      | 16 ac   | 15 B ac          |
|----------------------|---------|------------------|
| shborhood Commercial |         | 13 up to 2 acres |
| n Park               | 16 ac   | 15.8 ac          |
| R                    | e ac    | 5.9 ac           |
| ic / Cultural /      |         |                  |
| munity use           | 0.80 ac | 0.78 ac          |
|                      |         |                  |
|                      |         |                  |



**Draft Land Plan** 

- Chandler Grove

russell -





#### Community & Economic Development Department 411 East Kern Avenue Tulare, CA 93274 (559) 684.4217 Fax (559) 685.2339

Project/Business Name: Indian River Transport

Project Description: Truck wash facility.

Fee: \$0.00

Site Plan Review Application No.



| - THIS AREA F    | OR CITY STAFF USE ONLY- |
|------------------|-------------------------|
| Date Received: _ | 8/19                    |
| SPR Agenda:      | 3175 Item No. 4         |
| Zoning:          | GP Designation:         |

Date: \_\_05/06/20201

## 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.

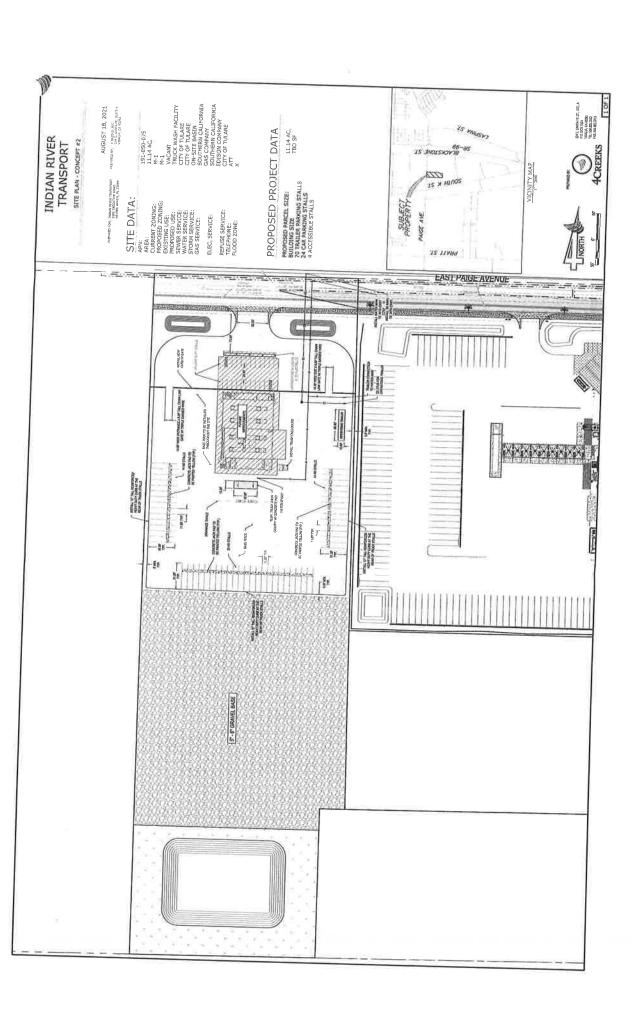
All plans to be considered on the next available agenda must be submitted by 3:00pm on the Thursday prior to the meeting.

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

| Site Plan Review Submittal: 🛮 Yes 🗆 No 🏻 If Res   | submittal, Previous Site Plan Review No:   |
|---|--|
| Property Owner:Indian River Transport   | Applicant(s) Name: Steven J. Macias  |
| Property Address/Location: Paige Ave. Tulare, CA 9372   | 24 Assessor Parcel No. (APN):191-050-075   |
| Parcel Size (Acreage or Sq Ft.): 11.14 Acre   | Building Square Footage:+/- 14,710   |
| Describe All Proposed Building Modifications:   |  |
| A SEPARATE DETAILED OPERATIONAL STATEM  | MENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS  |
| Industrial & Commercial   | WELL WECOMMEMBED FOR ALL PORMITTALS  |
| madstrial & commercial  |  |
|   |  |
| Existing/Prior Land or Building Use: Vacant   |  |
| Existing/Prior Land or Building Use: Vacant Proposed Building or Land Use: Truck Wash Facility  |  |
| Existing/Prior Land or Building Use: Vacant  Proposed Building or Land Use: Truck Wash Facility  Proposed Hours of Operation:   | f Week in Operation (Circle): Su M T W Th F Sa   |
| Existing/Prior Land or Building Use: Vacant  Proposed Building or Land Use: Truck Wash Facility  Proposed Hours of Operation: Days of Days of Company of Existing Parking Stalls: Number of Existing Parking Stalls:                    | f Week in Operation (Circle): Su M T W Th F Sanber of Proposed New Parking Stalls: 28 Std. Stalls, and 75 HD Stalls  |
| Existing/Prior Land or Building Use: Vacant  Proposed Building or Land Use: Truck Wash Facility  Proposed Hours of Operation: Days of Days of Days of Existing Parking Stalls: Days of Number of Existing or Anticipated New Employees: | of Week in Operation (Circle): Su M T W Th F Santher of Proposed New Parking Stalls: 28 Std. Stalls, and 75 HD Stalls Anticipated No. of Trucks/day: 20 truck trips/da   |
| Existing/Prior Land or Building Use: Vacant  Proposed Building or Land Use: Truck Wash Facility  Proposed Hours of Operation: Days o  | of Week in Operation (Circle): Su M T W Th F Santher of Proposed New Parking Stalls: 28 Std. Stalls, and 75 HD Stalls  Anticipated No. of Trucks/day: 20 truck trips/day |

| A SEPARATE DETAILED OPERATIONAL STATEMEN   | NT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS  |  |  |
|--|--|--|--|
| Residential  | VI IS HIGHET RECOMMENDED FOR ALL SUBMITTALS  |  |  |
|  |  |  |  |
| 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):  |  |  |  |
| Proposed project phasing: ☐ Yes ☐ No If yes, proposed number of phases:  |  |  |  |
| SITE PLAN MINIMUM REQUIREMENTS   |  |  |  |
| The Applicant shall submit <u>ten (10) copies</u> of the proposed site Community & Economic Development. Suggested minimum sh with the print on the outside. No rolled plans accepted. (Exclusive  | neet size for site plans is 11"x17" folded to a legal size of 9'x12"   |  |  |
| The Site Plan shall be drawn to scale and indicate clearly and wis 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)  Failure to provide all requested information my result in your application.  Applicant Information (Final Comments will be mailed to the mailed by an authorized agent, an "Agency Authorization" metals. | <ul> <li>✓ Location and width of drive approaches</li> <li>✓ Method of on-site drainage</li> <li>✓ Location of existing and/or proposed public improvements</li> <li>✓ Method of sanitary disposal</li> <li>✓ Location and wide of drive approaches to site</li> <li>Om</li> <li>✓ Adjacent street names</li> <li>✓ Existing and proposed landscaping</li> <li>✓ Location of signs and size</li> <li>✓ Elevations if required by City Planner</li> </ul> |  |  |
| Name: Steven J. Macias  Address: 324 S. Santa Fe, Suite A  City, State, Zip: Visalia, CA 93292   | Signature of Owner or Authorized Agent*  |  |  |
| Phone: <u>559-802-3052</u>   | Owner Date   |  |  |
| E-Mail: <u>stevenm@4-creeks.com</u>  |  |  |  |
|  | Authorized Agent* Date   |  |  |
| THIS AREA FOR CITY STAFF USE ONLY-   | APPLICATION DEEMED COMPLETE  |  |  |

Date: \_



#### Community & Economic Development Department Fee: \$0.00 411 East Kern Avenue

**Tulare, CA 93274** (559) 684.4217 Fax (559) 685.2339

Project/Business Name: Scyringle Business

Site Plan Review Application No.



| THIS AREA      | FOR CITY STAFF USE ONLY— |
|----------------|--------------------------|
| Date Received: | 919                      |
| SPR Agenda:    | 8/75 Item No. 5          |
| Zoning:        | GP Designation:          |

## CITY OF TULARE SITE PLAN REVIEW APPLICATION

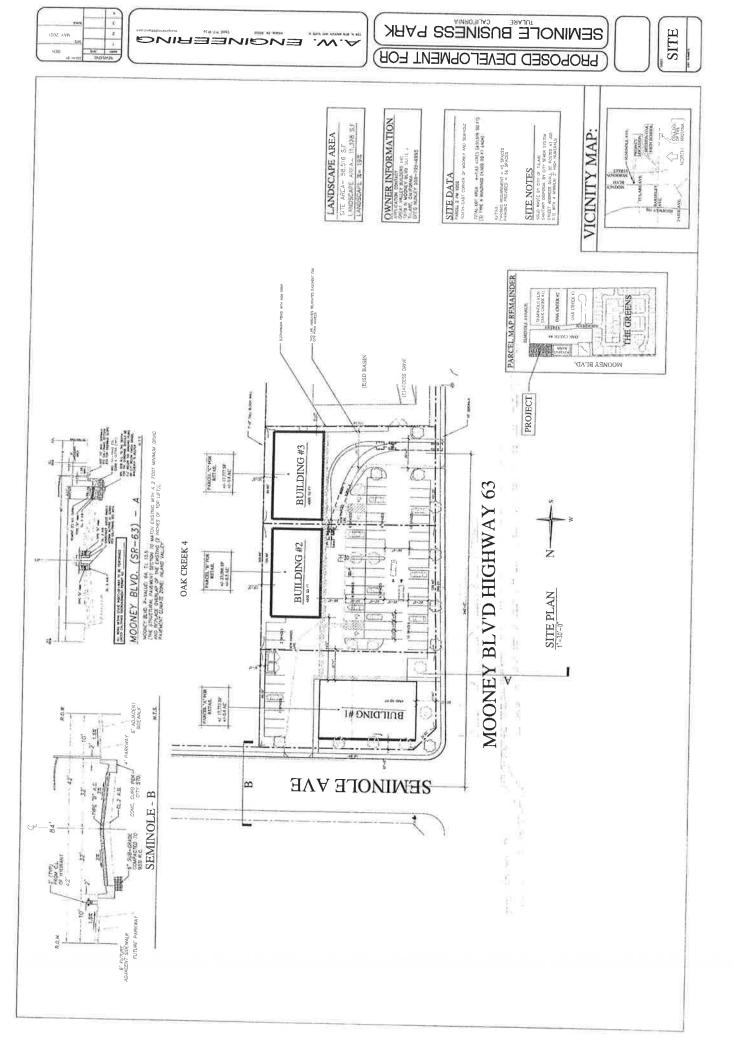
This application MUST be filled out in its entirety and submitted with ten (10) copies of an acceptable site plan (see details below). Failure to provide all requested information may result in your application being rejected for additional information and excluded from the Site Plan Review agenda.

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

| Site Plan Review Submittal: Yes  No Resubmittal Previous Site Plan Review   | No:              |
|---|------------------|
| Property Owner: Quest Fquity LLC Applicant(s) Name:                         |                  |
| Property Address/Location: Sell Inole   Mouney Assessor Parcel No. (APP     | Parcel 2 of      |
| Parcel Size (Acreage or Sq Ft.): 143 acres Building Square Footage          | 13,500           |
| Describe All Proposed Building Modifications: 3 New 4500 5 R. FT.           | Bulldings        |
| A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FO          | R ALL SUBMITTALS |
| Industrial & Commercial   |                  |
| Existing/Prior Land or Building Use:  |                  |
| Proposed Building or Land Use:  |                  |
| Proposed Hours of Operation: Days of Week in Operation (Circle): Su M       | 1 T W Th F Sa    |
| Number of Existing Parking Stalls: Number of Proposed New Parking Stalls:   |                  |
| Number of Existing or Anticipated New Employees: Anticipated No. of Trucks, |                  |
| Brief Operational Statement:  | -                |
|   |                  |
| Page 1 of 2 – Application continues on the back of this page                |                  |
|   |                  |

| A SEPARATE DETAILED OPERATIONAL STATE   | MENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS   |
|---|---|
| Residential   |   |
| Is the project:   |   |
| ☐Single-Family Residential ☐Multi-Eamily Residen  | itial   |
| Munahar - F. J. III   |   |
| Total lot coverage of huildings   | of area (in square feet):   |
| Proposed project phasing:   Yes   No If yes, proposed   | Percentage of lot coverage% d number of phases:   |
| SITE PLAN MIN   | SIMUM REQUIREMENTS  |
| he Applicant shall submit ten (10) copies of the proposed sommunity & Economic Development. Suggested minimum ith the print on the outside. No rolled plans accepted. (Ex | site plan along with this completed Application to the Office of<br>In sheet size for site plans is 11"x17" folded to a legal size of 9'x12"<br>In scludes tentative and parcel maps) |
| he Site Plan shall be drawn to scale and indicate clearly and<br>ection 10.120.040)   | d with full dimensions the following information: (Municipal Code   |
|   | <ul> <li>Location and width of drive approaches</li> </ul>  |
| Addie22   | ✓ Method of on-site drainage  |
| <ul><li>✓ Assessor's parcel number</li><li>✓ Vicinity map on cover sheet</li></ul>  | Location of existing and/or proposed  |
| Scale and north arrow   | public improvements  ✓ Method of sanitary disposal  |
| Dimensions of property  | Location and wide of drive approaches to  |
| Existing and proposed structures showing distances  | site  |
| Property lines  | from ✓ Adjacent street names  |
| Location and height of proposed fences, walls   | <ul> <li>Existing and proposed landscaping</li> </ul>   |
| <ul> <li>Existing and proposed parking stalls (include ADA)</li> </ul>  | ✓ Location of signs and size  |
|   | <ul> <li>Elevations if required by City Planner</li> </ul>  |
| mure to provide all requested information my result in your appl  | lication being rejected and excluded from the Site Plan Review agenda   |
| pplicant Information (Final Comments will be mailed to the  | e 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: Grey Nunly  | process of this application to be considered complete.  |
| ity, State, Zip: TULAVE GA 932.74   | Signature of Owner or Authorized Agent*   |
|   | Coloaba   |
| hone: <u>559-799-6993</u>   | Owner Date  |
| Mail:   | yate /  |
|   | 2/19/21   |
|   | Authorized Agent*   |
|   |   |
| AREA FOR CITY STAFF USE ONLY-   |   |



#### Community & Economic Development Department Fee: \$0.00

411 East Kern Avenue Tulare, CA 93274

(559) 684.4217 Fax (559) 685.2339

Site Plan Review Application No. 21-9



| THIS AREA FOR CITY STAFF USE ONLY— |                 |
|------------------------------------|-----------------|
| Date Received:                     | 8/19            |
| SPR Agenda:                        | 3/25 Item No. 4 |
| 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

| Project/Business Name: SIGNA SANCH PAST Date: 3/19/2/                              |
|--|
| Project Description: Mixed Use project.  |
|  |
|  |
| Site Plan Review Submittal: Yes No Resubmittal Previous Site Plan Review No:       |
| Site Plan Review Submittal: Nes No Resubmittal Previous Site Plan Review No:       |
| Property Address/Location: Assessor Parcel No. (APN): 1b6 - 620 - 006              |
| Parcel Size (Acreage or Sq Ft.): 17 acres Building Square Footage:                 |
| Describe All Proposed Building Modifications:                                      |
| A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS |
| Industrial & Commercial  |
| Existing/Prior Land or Building Use:   |
| Proposed Building or Land Use:   |
| Proposed Hours of Operation: Days of Week in Operation (Circle): Su M T W Th F Sa  |
| Number of Existing Parking Stalls: Number of Proposed New Parking Stalls:          |
| Number of Existing or Anticipated New Employees: Anticipated No. of Trucks/day:    |
| Brief Operational Statement:   |
|  |
| Page 1 of 2 – Application continues on the back of this page                       |

#### CITY OF TULARE SITE PLAN REVIEW APPLICATION Page 2 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) ✓ Location and width of drive approaches ✓ Address Method of on-site drainage Assessor's parcel number ✓ Location of existing and/or proposed ✓ Vicinity map on cover sheet public improvements Method of sanitary disposal ✓ Scale and north arrow Location and wide of drive approaches to ✓ Dimensions of property Existing and proposed structures showing distances from √ Adjacent street names Property lines Existing and proposed landscaping Location and height of proposed fences, walls ✓ Location of signs and size Existing and proposed parking stalls (include ADA) 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. Signature of Owner or Authorized Agent\* Address: 1878 N. Mooney Blad. City, State, Zip: TVLARE CA E-Mail:

| -THIS AREA FOR CITY STAFF USE ONLY- | APPLICATION DEEMED COMPLETE |
|-------------------------------------|-----------------------------|
| Ву:                                 | Date:                       |



