



— THIS AREA FOR CITY STAFF USE ONLY —  
Date Received: 11/24  
SPR Agenda: 12/1      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: AMERICAN THUNDER CHRISTMAS DREAMS TOY RUN  
Date(s) of Event: 12-11-2021  
Start Time(s): 0900      End Time(s): 1200  
Location of Event: 515 E. CROSS, TULARE, CA (AMERICAN THUNDER)  
Property Address/Location: 515 E, CROSS, TULARE, CA. (AMERICAN THUNDER)  
Brief Description of Event:  
25TH ANNUAL AMERICAN THUNDER CHRISTMAS DREAMS TOY RUN.

**APPLICANT/SPONSORING ORGANIZATION**

Applicant/ 1<sup>st</sup> Contact Person: RICK ALLISON      Cell Phone: 559-936-0928  
Address: 515 E. CROSS, TULARE, CA.      E-Mail Address: HARLEY.RICK@CITYOFTULARE.COM  
Applicant/ 2<sup>nd</sup> 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

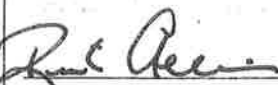
## Site Map Check List

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: RICK ALLISON  
 Address: 515 E. CROSS  
 City, State, Zip: TULARE, CA. 93724  
 Phone: 559-936-0928  
 E-Mail: HARLEYRICK007@  
YAHOO.COM

Signature of Owner or Authorized Agent*	
 _____ Owner	_____ 11-24-21 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:

AMERICAN THUNDER CHRISTMAS DREAMS TOY RUN  
to be held on 12-11-21 by RICK ALLISON  
(Event Name) (Event Date(s)) (Event Organizer/Primary Applicant)

Of AMERICAN THUNDER CHRISTMAS DREAMS TOY RUN  
(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.

RICK ALLISON  
Print Name

EVENT ORGANIZER  
Title

[Signature]  
Signature

12-11-21  
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: AMERICAN THUNDER CHRISTMAS DREAMS  
TOY RUN

Type of Organization:     Corporation                       LLC                       Non-Profit

Mailing Address: 559-936-0928    Physical Address (if different): \_\_\_\_\_

Primary Phone Number: (559) 936-0928    E-mail Address: HARVEY RICK 007 @ YAHOO.COM

Website Address: AMERICAN THUNDER.COM

**EVENT ORGANIZER\***

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

Name & Title: RICK ALLISON

Mailing Address: 515 E. CROSS, TULARE    Physical Address (if different): \_\_\_\_\_

Primary Phone Number: (559) 936-0928    E-mail Address: HARVEY RICK 007 @ YAHOO.COM

Website Address: AMERICAN THUNDER.COM

**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: RICK ALLISON

Mailing Address: 515 E. CROSS, TULARE    Physical Address (if different): \_\_\_\_\_

Primary Phone Number: (559) 936-0928    E-mail Address: \_\_\_\_\_

Website Address: HARVEY RICK 007 @ YAHOO.COM

**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: 25<sup>TH</sup> ANNUAL AMERICAN THUNDER CHRISTMAS DREAMS

- Type of Event:
- |   |  |
|---|--|
| <input type="checkbox"/> 5K or 10k Run  | <input type="checkbox"/> Festival                        |
| <input type="checkbox"/> Ceremony       | <input 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 checked="" type="checkbox"/> Other <u>TOY RUN</u> |

Event Description: (50 word minimum) ANNUAL TOY RUN BY RICK AVISON. THIS WILL BE THE 25<sup>TH</sup> EVENT OF THE ANNUAL "AMERICAN THUNDER CHRISTMAS DREAMS TOY RUN". EVENT STARTS AT AMERICAN THUNDER THEN DRIVES THROUGH THE CITY OF TULARE WHERE COUNTLESS CHILDREN ARE GIVEN CHRISTMAS PRESENTS AND GIFTS.

EVENT DURATION

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

Anticipated Attendance: 200 +/- (overall/per day)

Previous year's attendance (if applicable): 200 +/- (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: 12-11-21 Tear Down: 12-11-21

Event Set-up Date: 12-11-21 Event Set-Up Time: 0900

Event Start Date: 0900 Event Start Time: 0900 AM/PM

Event End Date: 12-11-21 Event End Time: 1200 AM/PM

Event Tear-Down Date: 1200

**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: 12-11-21 Closure Start Time: 0900 AM/PM  
 Closure End Date: 12-11-21 Closure End Time: 1200 AM/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: REQUESTED TO BE SUPPLIED BY THE  
 Contact Name: CITY OF TULARE & DROPPED OFF  
 Mailing Address: AT SITE THE DAY BEFORE (12-10-21)  
 Physical Address (if different): (10) BARRICADES REQUESTED.  
 Primary Contact Number: (559) 936-0928

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.

- NORTH N STREET FROM CROSS TO SANTEFE TRAIL
- 1) Street Name: \_\_\_\_\_ From (cross street): \_\_\_\_\_
  - 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

NONE N/A

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: \_\_\_\_\_ 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: AMERICAN THUNDER CHRISTMAS DREAMS TOY RUN

Venue Address: 515 E CROSS, FURZEE

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

25<sup>TH</sup> ANNUAL AMERICAN THUNDER CHRISTMAS DREAMS TOY RUN

**STAGING DETAILS**

*N/A*

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

N/A

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**

*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

\_\_\_\_\_  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.

\_\_\_\_\_  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.

\_\_\_\_\_  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.

\_\_\_\_\_  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.

\_\_\_\_\_  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.

\_\_\_\_\_  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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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: 12-11-21 Closure Start Time: 0900 AM/PM

Closure End Date: 12-11-21 Closure End Time: 1200 AM/PM

Street Name(s):

NORTH "N" STREET  
FROM CROSS TO SANTEFE TRAIL

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

25<sup>TH</sup> ANNUAL AMERICAN THUNDER  
CHRISTMAS DREAMS TOY RUN

Host Organization Name: RICK ALLISON

Contact Name: RICK ALLISON Contact Phone Number: ( 559-936-0928 )

### ACKNOWLEDGEMENT

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

RICK ALLISON  
Print Name

EVENT OFFICER  
Title

Business Name

515 E. CROSS  
Address

[Signature]  
Signature

559 936-0928  
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.*



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. 21-131



- THIS AREA FOR CITY STAFF USE ONLY -

Date Received: 11/18  
SPR Agenda: 12/1 Item No. 1  
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: Jackson House Tulare      Date: 11/17/2021

Project Description: Remodel an existing 5016 square foot professional office building (occupancy B) to be converted into a 16 bed Social Rehabilitation facility (occupancy R-4) licensed by the Department of Social Services, including the addition of a patio.

Site Plan Review Submittal:     Yes     No    If Resubmittal, Previous Site Plan Review No: \_\_\_\_\_

Property Owner: John and Laura Somers Living Trust      Applicant(s) Name: BH-TC Real Estate 1168, LLC  
Chad Engbrecht, Chief Development Officer

Property Address/Location: 1168 Leland Ave. Tulare, CA 93274      Assessor Parcel No. (APN): 149-130-048-000

Parcel Size (Acreage or Sq Ft.): 18,731 square feet      Building Square Footage: 5016 square feet

Describe All Proposed Building Modifications: Redesign floor plan, move breakroom, replace some windows, add patio, add sprinklers, replace floor, add 3 showers, various other interior design changes

### A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS

**Industrial & Commercial**

Existing/Prior Land or Building Use: Professional Office (Occupancy B)

Proposed Building or Land Use: 16 bed Social Rehabilitation Facility (Occupancy R-4)

Proposed Hours of Operation: 24/7      Days of Week in Operation (Circle): Su M T W Th F Sa

Number of Existing Parking Stalls: 18      Number of Proposed New Parking Stalls: 0

Number of Existing or Anticipated New Employees: 20      Anticipated No. of Trucks/day: 0

Brief Operational Statement: See Attached

# 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*)

- |  |  |
|--|--|
| <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 may 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: Chad Engbrecht

Address: 7050 Parkway Drive, La Mesa, CA 91842

City, State, Zip: La Mesa, CA 91842

Phone: 656-254-2510

E-Mail: congbrecht@spibhs.com

Signature of Owner or Authorized Agent*	
<i>Buyer: Chad Engbrecht 11-17-2021</i>	
Owner	Date
<i>Chad Engbrecht</i>	<u>11-17-2021</u>
Authorized Agent*	Date

-THIS AREA FOR CITY STAFF USE ONLY-

APPLICATION DEEMED COMPLETE

By: \_\_\_\_\_

Date: \_\_\_\_\_



**JacksonHouse**  
TULARE

## Statement of Operations

### Applicant's Background

The applicant, BH-TC Real Estate 1168, LLC, is a member of the Jackson House family of companies (collectively referred to herein as "Jackson House") [www.jacksonhousecares.com](http://www.jacksonhousecares.com) . Jackson House provides residential mental health treatment to community members at its intimate, non-institutional, home-like facilities. Jackson House was formed to provide a comfortable environment for people that don't or no longer require inpatient hospitalization but need 24-hour support and treatment to gain and retain the tools to manage their illness. Jackson House is an affiliate of Alvarado Parkway Institute Behavioral Health System ("API"), a 66 inpatient bed acute psychiatric hospital in La Mesa, California. In addition to its 66 inpatient acute beds, API, operates 4 outpatient psychiatric facilities in San Diego county. [www.apibhs.com](http://www.apibhs.com)

Currently, Jackson House operates three (3) Short Term Crisis Residential Social Rehabilitation facilities and one Residential Treatment facility for addictive diseases in San Diego, Riverside and Imperial counties. In addition, Jackson House recently completed construction and awaiting licensure of a Social Rehabilitation facility in Ventura County.

Jackson House is proposing to develop and operate a sixteen (16) bed Short-Term Crisis Residential Social Rehabilitation facility in Santa Paula at 811 West Telegraph Road. A Short-Term Crisis Residential Social Rehabilitation facility is a sub-acute, voluntary program aimed at helping people struggling with behavioral and mental health issues that do not rise to a level requiring inpatient hospitalization. Clients often need the 24-hour care because they may live in a toxic or unsupportive environment. Others simply need daily structure and treatment to ensure that they will reenter society productively and with the tools to reach their full potential.

Applicant's care is rooted in evidence-based practices provide by caring, trained mental health professionals. Jackson House's approach provides each client personalized treatment options, including psychotherapy, psychiatry and life skills training, tailored to provide every client with the most effective care for their needs.

With the support of Tulare County Behavioral Health, Jackson House is proposing to develop in Tulare a sub-acute, voluntary program aimed at helping people struggling with behavioral and mental health issues that do not rise to a level requiring inpatient hospitalization, with typical stays of 24 hours to 21 days. The maximum client stay without a waiver from licensing is 30 days.

Every clinical member of the Jackson House staff is either a licensed therapist, a peer support specialist or a mental health technician. Each team member is trained in managing emotionally volatile clients, using verbal de-escalation techniques and overall safety. Trained staff are onsite 24 hours per day. Although the facility will provide services on a voluntary basis, the clients must comply with the facility's schedule, daily chores, duties, expectations and rules, if they choose to benefit from and remain in the program. Clients are not free to come and go from the facility rather, they are monitored by staff 24/7 and leave the facility only pursuant to an approved therapeutic pass.





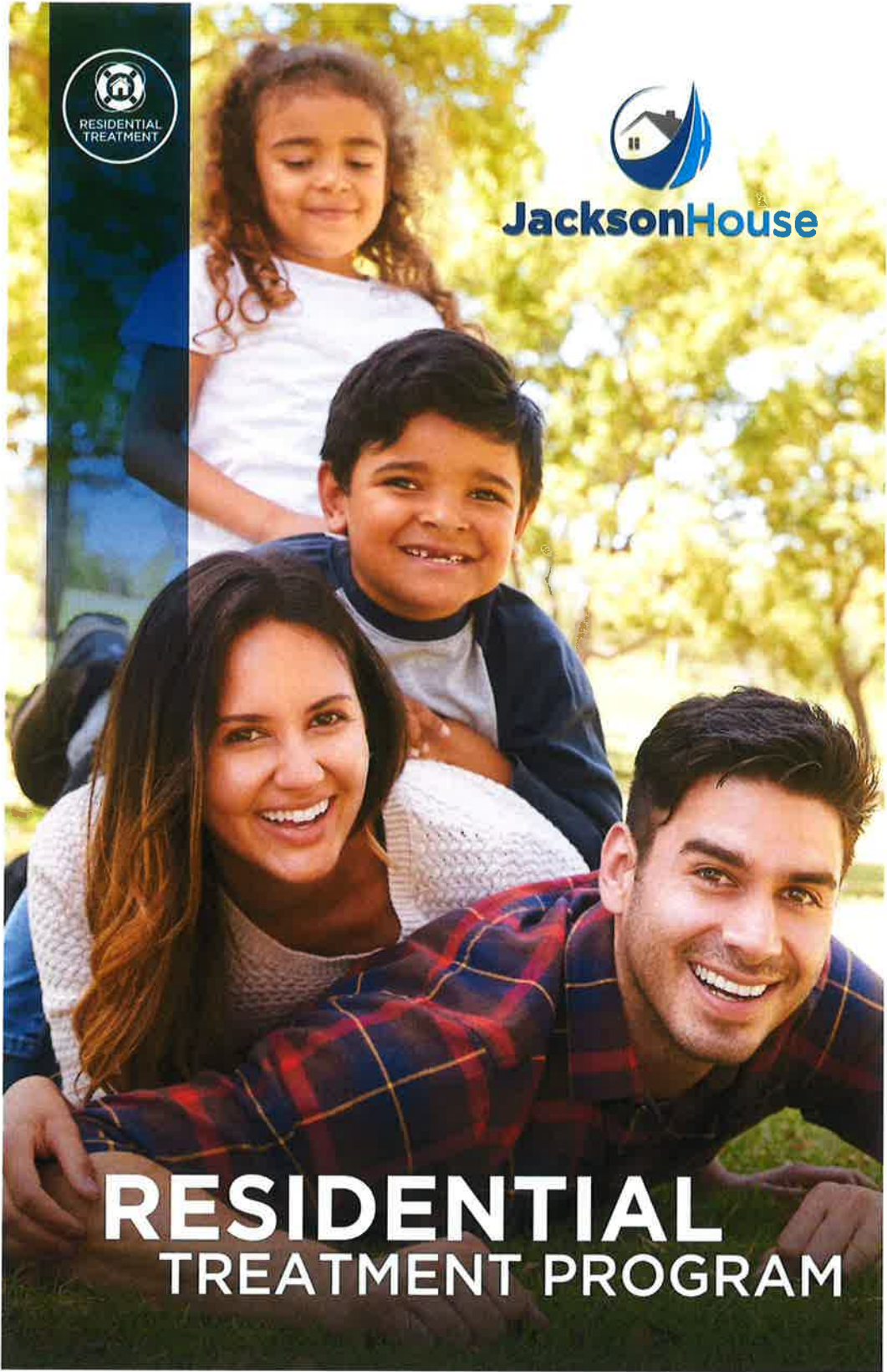
**JacksonHouse**  
TULARE

*Types of Rehabilitation Services Provided*

The clients that Jackson House intends to serve are people who would otherwise live, work and shop without restrictions in the community. Clients are ambulatory and will typically suffer from mild psychiatric issues that can be treated without hospitalization by providing personalized treatment options tailored to their specific needs, including psychotherapy, medication education, psychiatry and life skills training, with 24-hour support. Treatment is highly structured. The typical daily schedule consists of up to six (6) group therapy sessions, individual therapy, activities of daily living, skills building, linkage with post discharge services, job search, family sessions, exercise and group interaction. Attached as Exhibit A is Jackson House's Patient Information Sheet, which further details our programs and operations.



**JacksonHouse**



# RESIDENTIAL TREATMENT PROGRAM



Providing  
compassionate  
*care*  
in a homelike environment.



Jackson House is a short term residential mental health treatment center that provides the comfortable next step from inpatient care. Jackson House residents enjoy therapeutic passes, personal cell phone access, and individualized care in a home-like environment.

We focus on providing structure without the loss of the freedoms needed to transition home. We provide transportation on a case-by-case basis and provide vocational groups to apply the skills needed to remain stable once discharged.

#### IN-NETWORK INSURANCES ACCEPTED\*:

- ◆ Aetna
- ◆ Beacon / Value Options
- ◆ Blue Cross / Anthem
- ◆ Blue Shield / Magellan
- ◆ Cigna
- ◆ Healthnet / MHN
- ◆ Humana
- ◆ Kaiser
- ◆ Medi-Cal (El Centro location)

\* We are In-Network with most providers, contact us regarding Out-of-Network insurance coverage.

\*\* In-Network status pending for our Temecula and El Centro locations.

---

*For more information call Jackson House – see phone numbers on back – or discuss treatment options at Jackson House with your doctor or social worker!*

#### BASIC SERVICES PROVIDED

- ◆ Daily individual and group therapy
- ◆ Therapeutic passes
- ◆ Three meals and two snacks per day
- ◆ Comfortable, semi-private bedrooms include fresh linens, nightstand, chair, lights, and storage
- ◆ ADA accessible bathrooms and showers with linens and hygiene products
- ◆ Washers and dryers
- ◆ Computer and telephone access
- ◆ Individualized discharge and resource planning
- ◆ Peer-led groups and 1:1 sessions





**LA MESA, CA**

5332 Jackson Drive  
La Mesa, CA 91942

phone 619-303-0933  
fax 619-303-7044



**EL CENTRO, CA**

2364 S. 2nd Street  
El Centro, CA 92243

phone 760-332-1468  
fax 760-332-1463



**TEMECULA, CA**

28999 Old Town Front Street  
Suite 104  
Temecula, CA 92950

phone 951-261-8392  
fax 951-261-8395

**JacksonHouseCares.com**  



**JacksonHouse**



PROGRAM SUMMARY:

- RECEPTION: 1
- IT: 1
- BEDROOM: 8
- STAFF BREAK ROOM: 3
- BREAKROOM: 1
- PANTRY: 1
- DINING: 3
- NURSE STATION: 1
- TC OFFICE: 1
- ADMIN OFFICE: 1
- CONSULT ROOM: 1
- GROUP ROOM: 1
- RESTROOM: 4
- SHOWER: 3
- LAUNDRY: 1
- STORAGE: 3
- JANITOR: 1

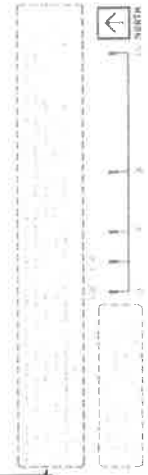
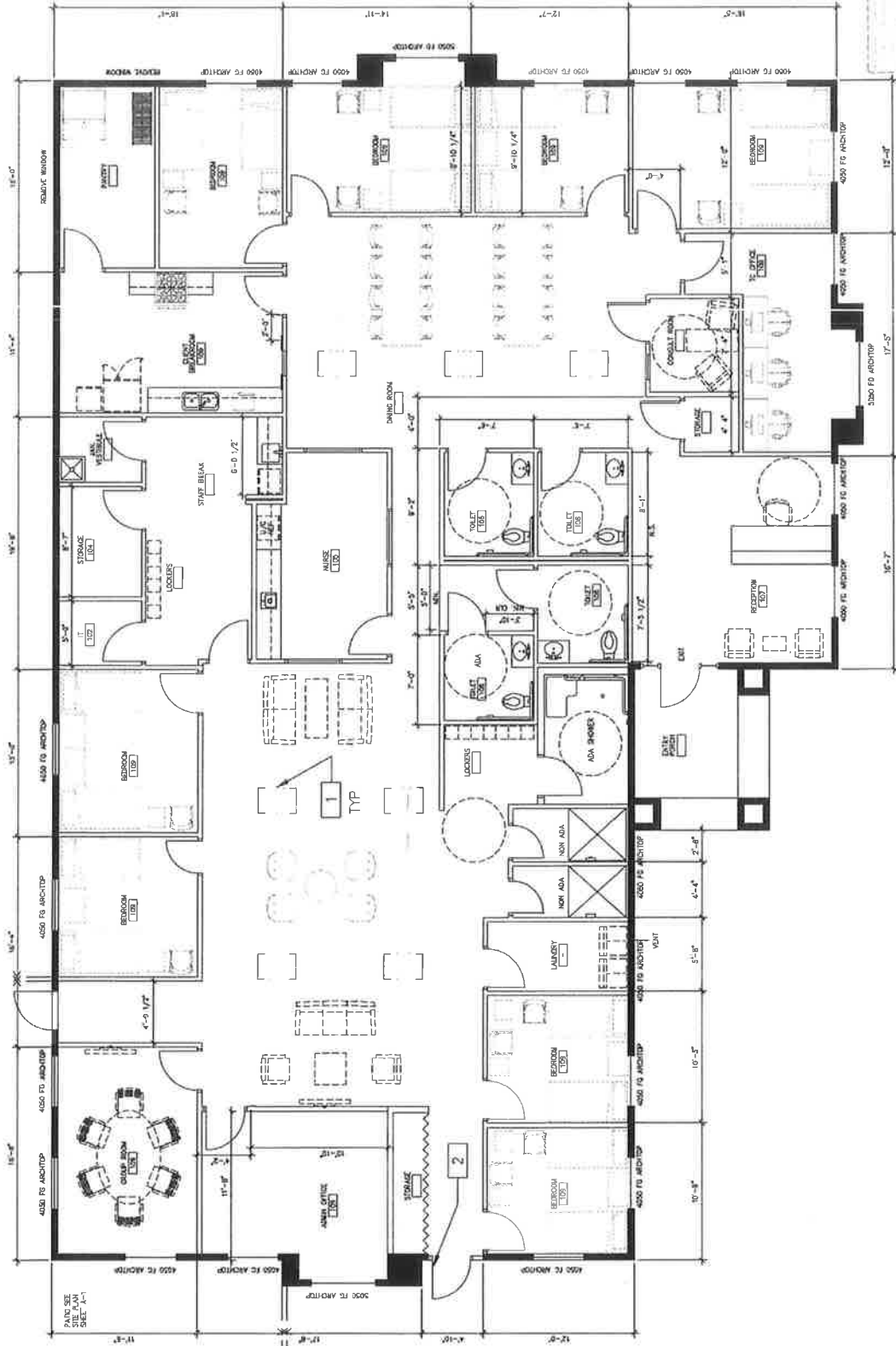
WALL LEGEND

EXISTING PARTITION

NEW PARTITION

NOTES:

- 1- DASHED LINE INDICATES NEW SKYLIGHT ON ROOF.
- 2- EXIT ONLY WITH ALARM



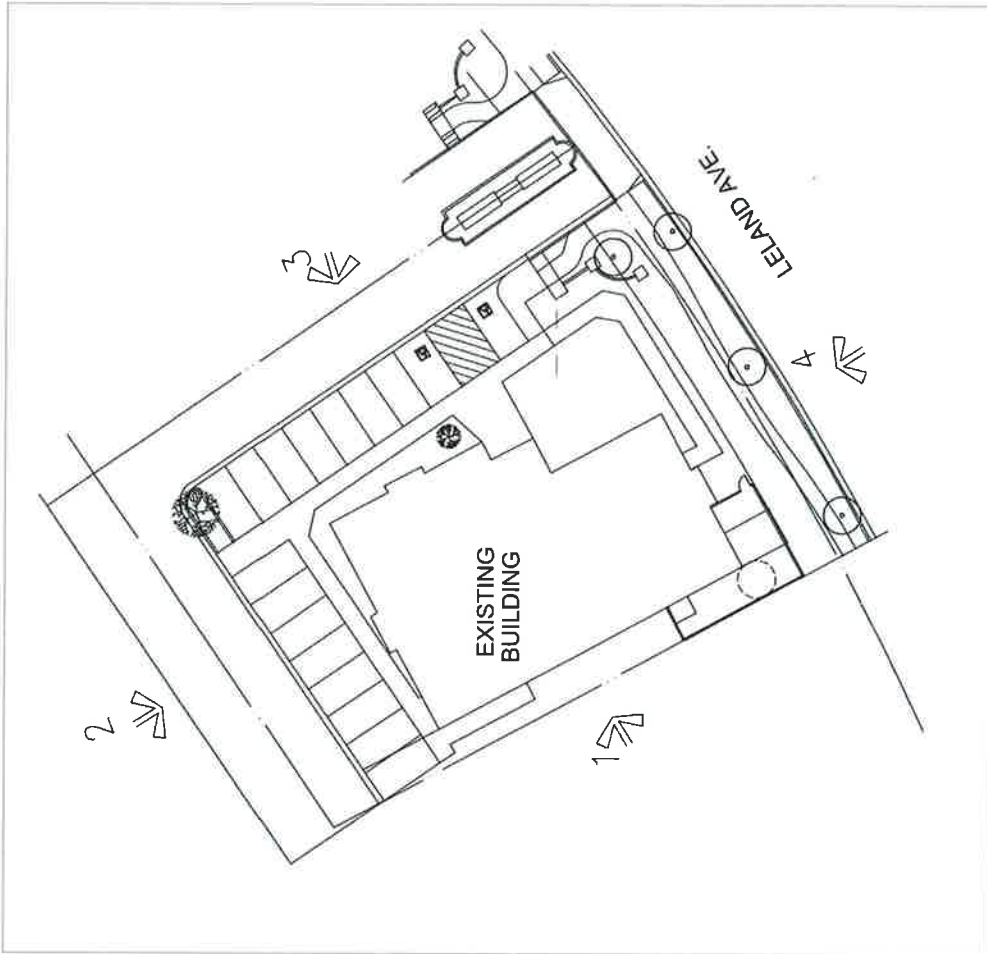
TEST FIT

SCHEME:

JACKSON HOUSE TULARE  
 1500 S. LAMAR AVE. TULARE, CA 93274

WARE MALCOMB

REVISED 11/07/2011  
 SHEET A2



ELEVATION 1



ELEVATION 2



ELEVATION 3



ELEVATION 4



TEST FIT



SCHEME:

JACKSON HOUSE TULARE  
 1168 LELAND AVE, TULARE, CA 93274

WARE MALCOMB  
 PR/21-0014-00  
 1.10.2021  
 SHEET  
 A3





-- THIS AREA FOR CITY STAFF USE ONLY --  
Date Received: 11/18  
SPR Agenda: 12/1 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: Saputo Cheese, USA      Date: 11/17/21

Project Description: \_\_\_\_\_

Addition of 2,328 SF of office area to the existing cheese processing plant and warehouse.

Site Plan Review Submittal:       Yes     No    If Resubmittal, Previous Site Plan Review No: \_\_\_\_\_

Property Owner: Saputo, Inc.      Applicant(s) Name: Cassandra Hatch

Property Address/Location: 901 E. Levin Ave., Tulare      Assessor Parcel No. (APN): 181-090-041

Parcel Size (Acreage or Sq Ft.): 9.65 ACRES (420221.75 SF)      Building Square Footage: Aprox. 98,891 SF

Describe All Proposed Building Modifications: 2325 SF Office Addition

### A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS

#### Industrial & Commercial

Existing/Prior Land or Building Use: Cheese Processing Plant

Proposed Building or Land Use: Cheese Processing Plant, no change

Proposed Hours of Operation: 24      Days of Week in Operation (Circle): (Su) (M) (T) (W) (Th) (F) (Sa)

Number of Existing Parking Stalls: 113 (4 HC)      Number of Proposed New Parking Stalls: No proposed stalls

Number of Existing or Anticipated New Employees: 95 max shift      Anticipated No. of Trucks/day: TBD/No increase

Brief Operational Statement: No new anticipated employees

**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*)

- |  |  |
|--|--|
| <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: Cassandra Hatch

Address: 1218 K St. Suite 100

City, State, Zip: Modesto, CA 95354

Phone: (209) 577-2288 #2881

E-Mail: cassandra.hatch@teterae.com

Signature of Owner or Authorized Agent*	
	<u>11/17/21</u>
Owner	Date
	<u>11/17/21</u>
Authorized Agent*	Date

**-THIS AREA FOR CITY STAFF USE ONLY-**

**APPLICATION DEEMED COMPLETE**

By: \_\_\_\_\_

Date: \_\_\_\_\_











Community & Economic Development Department

Fee: \$0.00

Site Plan Review Application No. 21-133

411 East Kern Avenue

Tulare, CA 93274

(559) 684.4217 Fax (559) 685.2339



– THIS AREA FOR CITY STAFF USE ONLY –

Date Received: 11/23  
SPR Agenda: 2/1 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: Stock Five Holdings, LLC Date: 11/22/2021

Project Description: Proposed lot line adjustment between Parcel 2 of LLA No. 210 and parcel quitclaimed by the City of Tulare and described in Doc. No. 2021-0075722, O.R.T.C.R.

Site Plan Review Submittal:  Yes  No If Resubmittal, Previous Site Plan Review No: Ref. SP 21-126

Property Owner: Del Lago Development Company Applicant(s) Name: Lane Engineers (Ben Mullins)

Property Address/Location: East side of M St. North of Cartmill Ave. Assessor Parcel No. (APN): 149-230-023

Parcel Size (Acreage or Sq Ft.): 4.71 Ac. Building Square Footage: N/A

Describe All Proposed Building Modifications: New Starbucks development to be on proposed parcel 1.

#### A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS

##### Industrial & Commercial

Existing/Prior Land or Building Use: C-3, Retail Commerical

Proposed Building or Land Use: C-3, Retail Commerical

Proposed Hours of Operation: 5:30am - 9:00pm Days of Week in Operation (Circle): Su M T W Th F Sa

Number of Existing Parking Stalls: 0 Number of Proposed New Parking Stalls: 12

Number of Existing or Anticipated New Employees: 4-6 Anticipated No. of Trucks/day: 3 trucks/week

Brief Operational Statement: Proposed parcel 1 will sell Starbucks coffee through walk-up kiosk and drive-thru



**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*)

- |  |  |
|--|--|
| <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: Lane Engineers, Inc.Address: 979 N. Blackstone St.City, State, Zip: Tulare, CA 93274Phone: 559-688-5263E-Mail: ben@laneengineers.com

Signature of Owner or Authorized Agent\*

DocuSigned by:

11/23/2021

Owner

Date

Authorized Agent\*

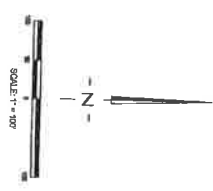
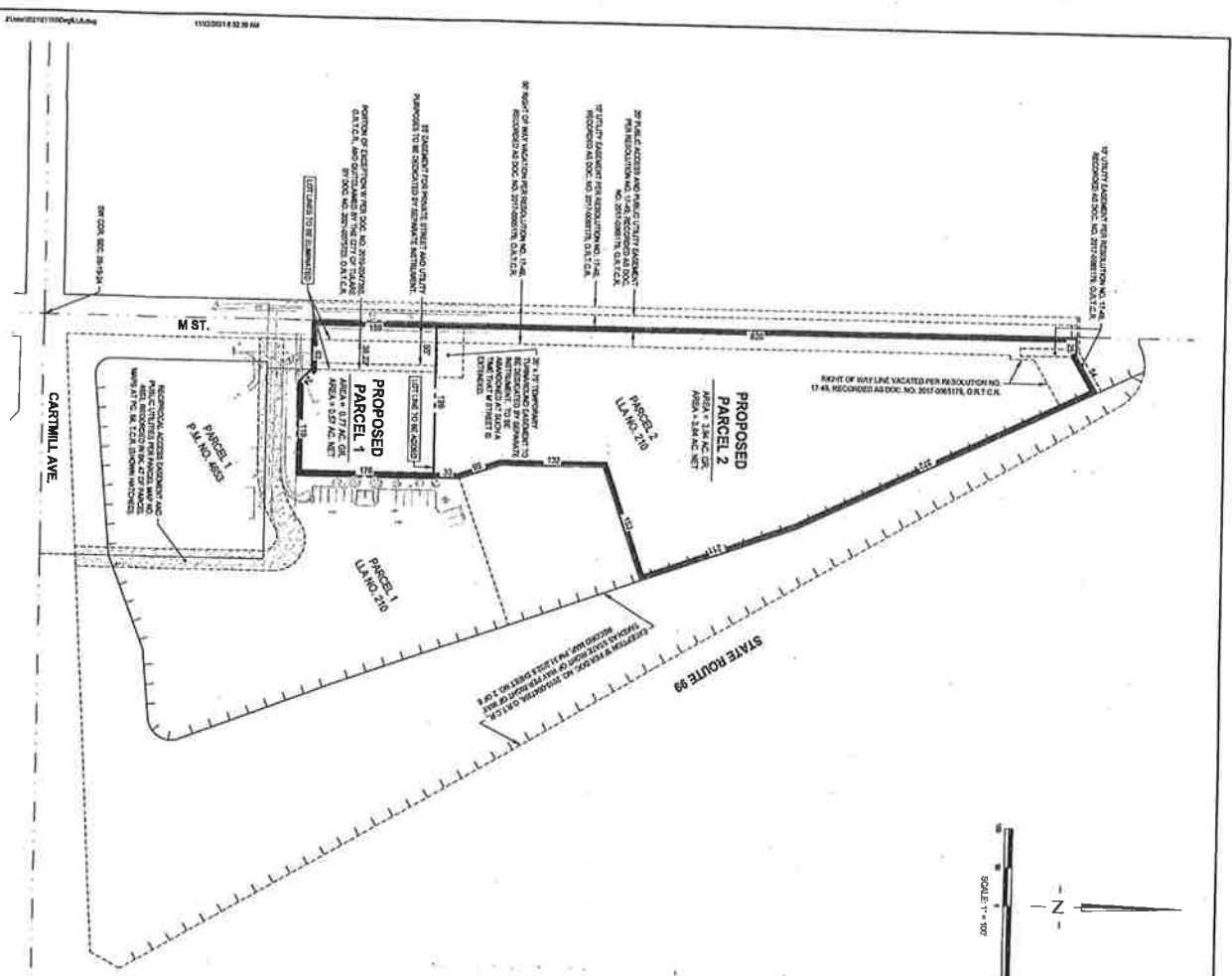
Date

**-THIS AREA FOR CITY STAFF USE ONLY-**

By: \_\_\_\_\_

**APPLICATION DEEMED COMPLETE**

Date: \_\_\_\_\_



# LOT LINE ADJUSTMENT MAP

BEING AN ADJUSTMENT OF PARCELS 1, 2 & 3 OF LOT LINE ADJUSTMENT NO. 298 RECORDED AS INSTRUMENT NO. 2014-000000, C.I.T.R. AND THAT PORTION OF LAND OUTLINED BY THE CITY OF TULARE COUNTY, CALIFORNIA, INSTRUMENT NO. 2012-007922, C.I.T.R., SITUATED IN THE SW 1/4 OF SECTION 24, TOWNSHIP 18 SOUTH, RANGE 14 EAST, M.D.B. 44 W. IN THE CITY OF TULARE COUNTY OF TULARE STATE OF CALIFORNIA.

OWNERS: DEL LAGO DEVELOPMENT COMPANY, A CALIFORNIA LIMITED PARTNERSHIP ENGINEER: LANE ENGINEERS, INC.  
 579 N. BLACKSTON ST.  
 TULARE, CA 93274  
 PH: (559) 898-5283  
 VISUAL, CA 93251

NOVEMBER, 2021

## SITE DATA

PROPOSED USE	RETAIL COMMERCIAL
EXISTING USE	VACANT
EXISTING ZONING	C-1, RETAIL COMMERCIAL
PROPOSED ZONING	C-3, RETAIL COMMERCIAL
WATER	CITY OF TULARE
SEWER WASTE	CITY OF TULARE
GAS	SOUTHERN GAS ASS. CO.
POWER	EDISON
APR	145200-023
FLOOD ZONE	X (UNSHADED)

## NOTE REGARDING AREAS

PARCELS 1 & 3 CROSS STREET PROPOSED FOR PROJECT LOCATION  
 PARCELS 1 & 2 PROPOSED FOR PROJECT LOCATION  
 PARCELS 1 & 2 PROPOSED FOR PROJECT LOCATION



VICINITY MAP  
 NOT TO SCALE