

SITE PLAN REVIEW AGENDA
Wednesday, January 26, 2022
1:30 PM
City of Tulare

ITEM No. 1

Site Plan No **SP 22-05**
Project Title **Morris Levin Storage Addition**
Description **Add 325 sq. ft. addition to rear of existing building for storage**

Applicant **David Atlas**
Property Owner
APN **181-060-011**
Location **1809 South 'K' Street**

ITEM No. 2

Site Plan No
Project Title
Description

Applicant
Property Owner
APN
Location

ITEM No. 3

Site Plan No
Project Title
Description

Applicant
Property Owner
APN
Location

ITEM No. 4

Site Plan No
Project Title
Description

Applicant
Property Owner
APN
Location



— THIS AREA FOR CITY STAFF USE ONLY—
Date Received: _____
SPR Agenda: _____ Item No. _____
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: MORRIS LEVIN STORAGE ADDITION Date: 1-18-22
Project Description: ADDITION OF STORAGE ROOM TO EXISTING OFFICE BUILDING
Site Plan Review Submittal: Yes No If Resubmittal, Previous Site Plan Review No: _____
Property Owner: DAVID ARAS Applicant(s) Name: _____
Property Address/Location: 1809 S K Tulare Assessor Parcel No. (APN): _____
Parcel Size (Acreage or Sq Ft.): 50,000 Building Square Footage: 1,400
Describe All Proposed Building Modifications: ADD STORAGE BLDG

A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS

Industrial & Commercial

Existing/Prior Land or Building Use: OFFICE
Proposed Building or Land Use: STORAGE
Proposed Hours of Operation: _____ Days of Week in Operation (Circle): Su M F W Th F Sa
Number of Existing Parking Stalls: _____ Number of Proposed New Parking Stalls: 0
Number of Existing or Anticipated New Employees: 0 Anticipated No. of Trucks/day: _____
Brief Operational Statement: _____

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

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"/> | <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: DAVID ADAS

Address: 1816 S. K ST

City, State, Zip: TULARE CA 93274

Phone: 686-8665

E-Mail: normsleaving@aol.com

Signature of Owner or Authorized Agent*	
_____	_____
Owner	Date
_____	_____
Authorized Agent*	Date

-THIS AREA FOR CITY STAFF USE ONLY-

APPLICATION DEEMED COMPLETE

By: _____

Date: _____



— THIS AREA FOR CITY STAFF USE ONLY —

Date Received: _____

SPR No. _____

APPROVED:

By: _____ Date: _____

(Signature)

AGENCY AUTHORIZATION – Site Plan Review

OWNER:

I, _____, declare as follows:
(Owners Name)

I am the owner of certain real property bearing Assessor's Parcel Number (APN):

AGENT:

I designate _____, to act as my duly authorized agent for all purposes
(Agent's Name)

necessary to file an application for, and obtain a permit to:

(Action Sought)

relative to the property mentioned herein.

I declare under penalty of perjury the foregoing is true and correct.

Executed this _____ day of _____, 20 _____.

OWNER

AGENT

(*Signature of Owner)

(Signature of Agent)

(Owner Mailing Address)

(Agent Mailing Address)

(Owner Telephone)

(Agent Telephone)

***NOTE: OWNER'S SIGNATURE MUST BE NOTARIZED. Attach Acknowledgment of signature(s) by Notary Public.**

