

SITE PLAN REVIEW AGENDA
Wednesday, August 28, 2024
1:30 PM
City of Tulare

ITEM No. 1 Special Event
Site Plan No SP24-056
Project Title St. Aloysius Catholic Church
Description parade

Applicant St. Aloysius Catholic Church
Property Owner
APN
Location 627 N. Beatrice Drive

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

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. 24-56



THIS AREA FOR CITY STAFF USE ONLY

Date Received: _____
SPR Agenda: _____ Item No: _____
Zoning: _____ SPD 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: St. Aloysius Catholic Church Date: Oct 5 - Oct 6, 2024
Project Description: Our Lady of Fatima Celebration *Parade*

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

Property Owner: _____ Applicant(s) Name: _____

Property Address/Location: _____ Assessor Parcel No. (APN): _____

Parcel Size (Acreage or Sq Ft.): _____ 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: _____

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: Bradon Omande

Address: 791 N. Cherry

City, State, Zip: Tulare, CA 93274

Phone: 559-686-3861

E-Mail: BMO@Tulareesg.com

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

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



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 _____.

<u>OWNER</u>	<u>AGENT</u>
_____ (*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.**

EXHIBIT A

Saturday
October 5, 2024

8:00 p.m. - Depart St. Aloysius Catholic Church on Pleasant Avenue and proceed West to J Street, thence South on J Street to Cross Street, thence West on Cross Street to I St., thence North on I Street; End of procession at T.D.E.S. Hall. Traffic to be controlled by Motorcycle escort company Safety Services Traffic Control pursuant to the provided plans.

Beginning Time: 8:00 p.m.
Ending Time: 9:30 p.m.

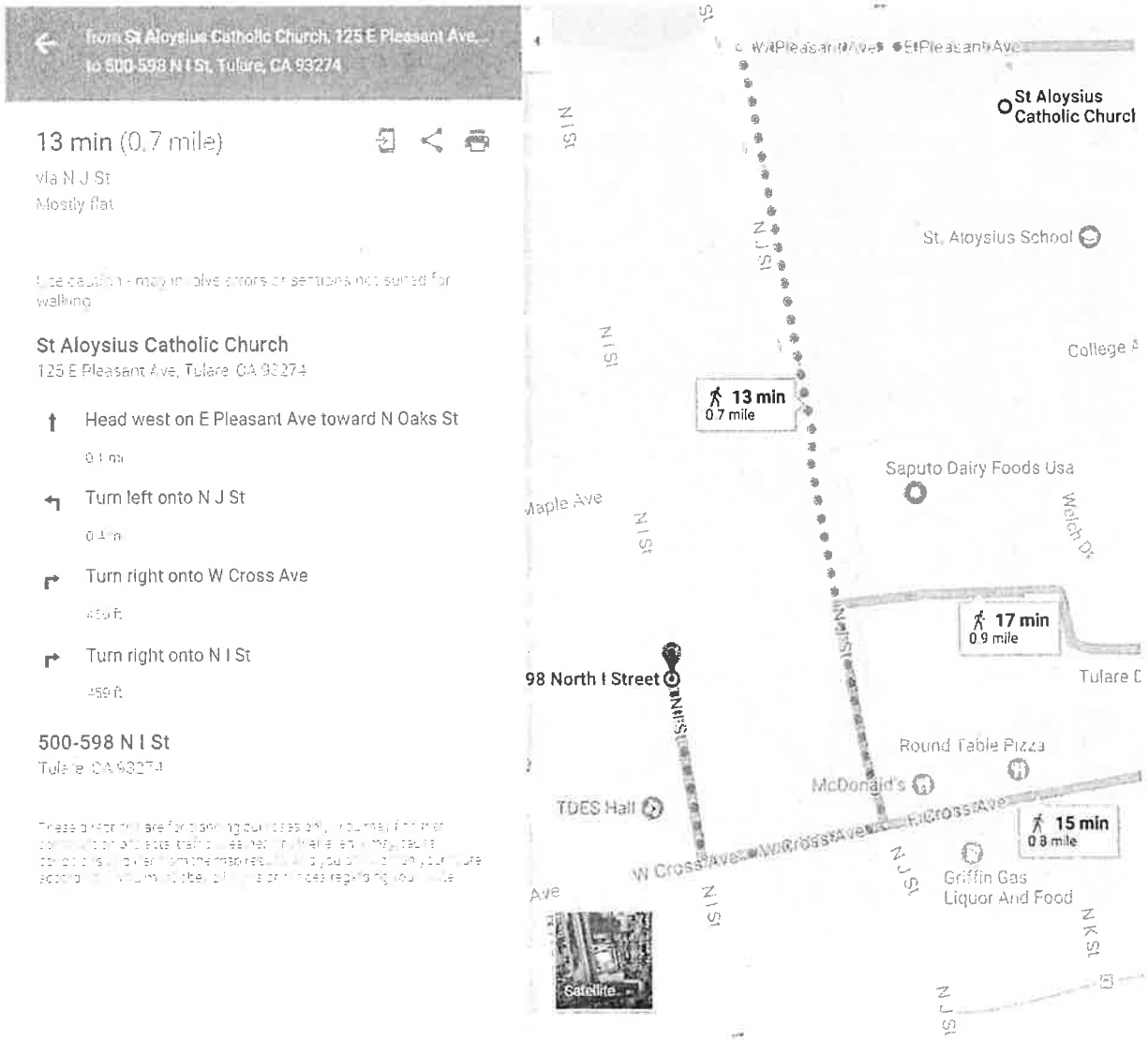


EXHIBIT B

Sunday

October 6, 2024

10:00 a.m. - Depart T.D.E.S. Hall heading South on I Street to Cross St., thence East on Cross St. to M St., thence North on M Street to Pleasant Avenue, thence East on Pleasant Avenue and arrive at St. Aloysius Catholic Church at approximately 11:15 a.m. for Mass.

12:30 p.m. - Resume parade departing St. Aloysius Catholic Church on Pleasant Avenue and proceed West to J Street, thence South on J Street to Cross Street, thence West on Cross Street to I St., thence North on I Street; End of procession at T.D.E.S. Hall at 1:30 p.m.

Traffic to be controlled by Motorcycle escort company Safety Services Traffic Control pursuant to the provided plans.

