



CITY OF TURLOCK DEVELOPMENT SERVICES
PLANNING DIVISION
156 SOUTH BROADWAY, SUITE 120
TURLOCK, CA 95380-5456 (209)668-5640

UNIFORM APPLICATION FORM

(PLEASE PRINT OR TYPE)

PROJECT ADDRESS: TURLOCK TOWN CENTER 503-795 NORTH GOLDEN STATE BL.
ASSESSOR'S PARCEL NUMBER: 061-041-001 AREA OF PROPERTY (ACRES OR SQUARE FEET) STREET FRONTAGE 2195 FEET
EXISTING ZONING: CC 1002, 003, 007, 009, 010, 004, 005, 006, 008
GENERAL PLAN DESIGNATION: SHOPPING CENTER
AMMENT EXISTING SIGN PROGRAM CUP 85-26
DESCRIBE THE PROJECT REQUEST: ADDITION OF MONUMENT SIGN ON A3
GOLDEN STATE BL., CHANGE MINIMUM OF TENANT LETTERS
TO 24", TO BE SAME AS CITY SIGN ORDINANCE.

NOTE: Information provided on this application is considered public record and will be released upon request by any member of the public.

APPLICANT CHARLIE GAY PHONE NO. 209-595-1037 E-MAIL: charlie@cksignservices.com

APPLICATION TYPE & NO.: _____ DATE RECEIVED: 7/24/18
CASH _____ OR CHECK NO. _____ CHECKED BY: KQ
PC HEARING DATE: _____ CC HEARING DATE: _____
PLANNER'S NOTES: _____



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Project Information

PROJECT ADDRESS: _____
ASSESSOR'S PARCEL NUMBER: _____ - _____ - _____ AREA OF PROPERTY (ACRES OR SQUARE FEET): _____
EXISTING ZONING: _____
GENERAL PLAN DESIGNATION: _____
DESCRIBE THE PROJECT REQUEST: _____

Applicant Information

NOTE: Information provided on this application is considered public record and will be released upon request by any member of the public.

APPLICANT _____ PHONE NO. _____ E-MAIL: _____

** Corporate partnerships must provide a list of principals. FAX NO. _____

ADDRESS OF APPLICANT: _____

CONTACT PERSON (If different than applicant): _____

*The applicant will be considered the primary point for all contact, correspondence, and billing from the City unless other arrangements are made in writing.

SIGNATURE OF APPLICANT _____ PRINT NAME _____ DATE _____

This fee is to be a deposit towards full cost of processing application. Yes _____ No _____ Applicant's Initials _____

Property Owner Info

PROPERTY OWNER: _____ PHONE NO. _____ E-MAIL: _____

ADDRESS OF PROPERTY OWNER: _____

APPLICATION TYPE & NO.: _____ DATE RECEIVED: _____

CASH _____ OR CHECK NO. _____ / \$ _____ CHECKED BY: _____

PC HEARING DATE: _____ CC HEARING DATE: _____

PLANNER'S NOTES: _____

Once Use Only

APPLICATION QUESTIONNAIRE

This document will assist the Planning Department in evaluating the proposed project and its potential environmental impacts. Complete and accurate information will facilitate the review of your project and minimize future requests for information. Please contact the Planning Division, 156 S. Broadway, Suite 120, Turlock, CA 95380 (209) 668-5640 if there are any questions about how to fill out this form.

PROJECT NAME: Turlock Town Center Sign Program Update

APPLICANT'S STATEMENT OF INTENT (DESCRIBE THE PROPOSED PROJECT):

Add monument sign ; update tenant wall signs criteria

PROPERTY OWNER'S NAME: _____

Mailing Address: _____

Telephone: Business (____) _____ Home (____) _____

E-Mail Address: _____

APPLICANT'S NAME: _____

Phone (____) _____

Address: _____

Telephone: Business (____) _____ Home (____) _____

E-Mail Address: _____

PROJECT SITE INFORMATION:

Property Address or Location: _____

Property Assessor's Parcel Number: _____

Property Dimensions: _____

Property Area: Square Footage _____ Acreage _____

Site Land Use: Undeveloped/Vacant _____ Developed _____

If developed, give building(s) square footage _____

HAZARDOUS WASTE AND SUBSTANCE SITES LIST DISCLOSURE
PURSUANT TO
CALIFORNIA GOVERNMENT CODE SECTION 65962.5(f)

“(f) Before a lead agency accepts as complete an application for any development project which will be used by any person, the applicant shall consult the lists sent to the appropriate city or county and shall submit a signed statement to the local agency indicating whether the project and any alternatives are located on a site that is included on any of the lists compiled pursuant to this section and shall specify any list. If the site is included on a list, and the list is not specified on the statement, the lead agency shall notify the applicant pursuant to Section 65943...”

Note: You must contact Stanislaus County Environmental Resources at (209) 525-6700; AND either:
 1) Contact the Department of Toxic Substances Control at (800) 728-6942; or 2) research the property on all of the following online databases:

EPA RCRA: <https://www3.epa.gov/enviro/facts/rcrainfo/search.html>

NEPAssist: <http://www.epa.gov/compliance/nepa/nepassist-mapping.html>

California DTSC Envirostor: www.envirostor.dtsc.ca.gov/public

California Geotracker: <http://geotracker.waterboards.ca.gov/>

to determine whether there are any known or potential hazards on the property.

I HEREBY CERTIFY THAT:

_____ THE PROJECT ***IS LOCATED*** ON A SITE WHICH IS INCLUDED ON ONE OR MORE OF THE LISTS COMPILED PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 65962.5(f). THE SITE IS INCLUDED ON THE FOLLOWING LIST(S) SPECIFIED BELOW:

Regulatory ID Number: _____

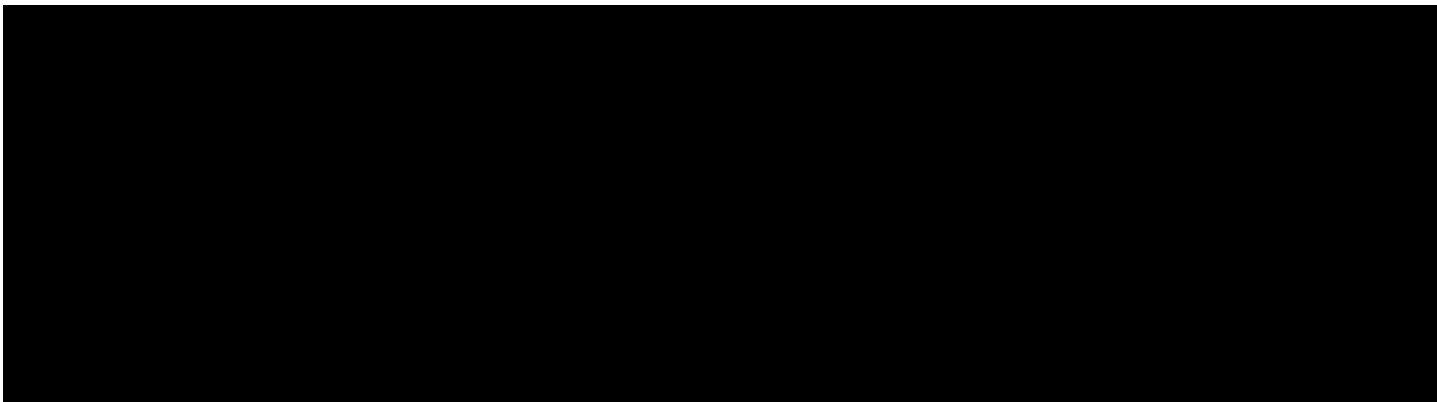
Regulatory ID Number: _____

Regulatory ID Number: _____

OR

_____ THE PROJECT ***IS NOT LOCATED*** ON A SITE WHICH IS INCLUDED ON ONE OR MORE OF THE LISTS COMPILED PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 65962.5(f).

I HEREBY CERTIFY THAT THE STATEMENT FURNISHED ABOVE PRESENTS THE INFORMATION REQUIRED BY CALIFORNIA GOVERNMENT CODE 65962.5(f) TO THE BEST OF MY ABILITY AND THAT THE STATEMENT AND INFORMATION PRESENTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



PROPERTY OWNER/APPLICANT SIGNATURE:

I hereby certify that the facts, statements, and information presented within this application form are true and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this application form may result in my application being delayed or not approved by the City. I hereby certify that I have read and fully understand all the information required in this application form including:

1. the Hazardous Waste and Substance Sites List Disclosure Pursuant to California Government Code Section 65962.5(f) on page 22;
2. the Acknowledgments/Authorizations/Waivers starting on page 24; and
3. the Indemnification on page 26; and
4. the Department of Fish and Game CEQA Review Filing Fees on page 27.

Property Owner(s): (Attach additional sheets, as necessary)

Print Name and Title of Applicant/Agent

Phone Number