

SITE PLAN REVIEW AGENDA

6/23/2021 - 9:00 A.M.

Conference Room #4

315 E. Acequia Avenue

ITEM NO: 1 **Resubmit**

SITE PLAN NO: SPR20193

PROJECT TITLE: Barr & Wood Tentative Subdivision Map

DESCRIPTION: Proposing to Divide a 69.35 Acres Site into 139 Single-Family Residential Parcels (X)

APPLICANT: David Duda

OWNER: BARR & WOOD RANCH

APN: 119022041

LOCATION: West of Roeben, Whittendale, East of Shirk

ITEM NO: 2

SITE PLAN NO: SPR21110

PROJECT TITLE: New Medical Clinic

DESCRIPTION: Proposed Medical Tenant (I)

APPLICANT: Mario Celillo

OWNER: DC2 PROPERTIES LLC

APN: 081100014

LOCATION: 1329 N PLAZA DR

ITEM NO: 3

SITE PLAN NO: SPR21111

PROJECT TITLE: The Meadows SR Cottages - Renovation

DESCRIPTION: Renovate Community Room & Office Building to Match Renovations of Cottages and Modernize Spaces (R-1-5)

APPLICANT: Thom Black

OWNER: VISALIA SENIOR HOUSING

APN: 087110054

LOCATION: 3900 W TULARE AVE

AFTER REVIEW OF REGULAR AGENDA ITEMS, THE COMMITTEE WILL BE AVAILABLE TO REVIEW OFF-AGENDA ITEMS FOR INFORMAL REVIEW. THE COMMITTEE WILL BE AVAILABLE TO ANSWER QUESTIONS AT THAT TIME.

CITY OF VISALIA SITE PLAN REVIEW APPLICATION

- Additional information and assistance in filling out this application can be found at the City of Visalia website (www.visalia.city) or by calling (559) 713-4440-



This application **MUST** be filled out in its entirety and submitted with an acceptable site plan (see site plan minimum requirements & submittal details on Page 2). Failure to provide all requested information may result in rejection of your application and exclusion from the Site Plan Review agenda.

- **Site Plan Review meetings are held on Wednesdays at 9am at City Hall East - 315 E Acequia Ave - Applicant(s) or Representative(s) must be present** -
 - Application submittal deadline is 4pm on Thursdays to be scheduled for the next available meeting -

GENERAL PROJECT INFORMATION

Project/Business Name: _____ Date: _____

Project Description: _____

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

Property Owner: _____

Applicant(s) Name: _____

Project Address/Location: _____

Assessor Parcel Number: _____ - _____ - _____

Parcel Size (Acreage or Square Feet): _____ Building or Suite Square Footage: _____

Are There Any Proposed Building Modifications: Yes No

Estimated Cost of Modifications to Building: \$ _____

Describe All Proposed Building Modifications: _____

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

Date Received: 06/17/2021

SPR Agenda: 06/23/2021 Item No. _____

Zone: X SPR No. 20-193

Historic District: Yes No

Flood Zone: X AE X/AE

- - A SEPARATE, DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS - -

OPERATIONS & TRAFFIC INFORMATION

Existing/Prior Building Use: _____

Proposed Building Use: _____

Proposed Hours of Operation: _____

Days of Week In Operation (Circle): Su M T W Th F Sa

Number of Employees Per Day: Existing _____ Proposed _____

Number of Customers Per Day (Estimated): Existing _____ Proposed _____

Predicted Peak Operating Hour: _____

Describe Any Truck Delivery Schedule & Operations: _____

Please Identify Any Unique or Specific Traffic Patterns That Will Require Accommodations For Operations, Customers, or Employees
 (Provide Separate Attachment if Necessary): _____

Describe Any Special Events Planned for the Facility: _____

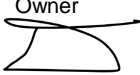

SITE PLAN MINIMUM REQUIREMENTS

SITE PLAN REQUIREMENTS

- ⇒ Submit a digital copy of the site plan(s) and completed application on a flash drive or equivalent (PDF format preferred, hard paper copies not accepted).
- ⇒ Digital copies must be clear, legible, and on a layout sized appropriately to convey all necessary project information.
- ⇒ Site plan shall provide for and indicate all of the following:
 - North arrow
 - Existing & proposed structures
 - Loading/unloading areas
 - All existing & proposed site features
 - Adjacent street names
 - Accessible path of travel from right of way
 - Site dimensions, including building
 - Refuse enclosures & containers
 - Accessible path of travel from ADA stall
 - Existing and proposed fencing at site
 - Valley oak trees (show drip line)
 - Location and width of drive approaches to site
 - Public improvements (curbs, sidewalks, utility poles, hydrants, street lights, etc.)
 - Existing & proposed landscaping
 - Tentative maps shall adhere to requirements of Visalia Municipal Code Section 16
 - Parking stalls (include ADA)

REQUIRED SIGNATURE

Applicant Information (Final comments will be mailed to the name and address provided below)

Name: _____	Signature of Owner or Authorized Agent*	
Address: _____		
City, State, Zip _____	Owner 	Date _____
Phone: _____	Authorized Agent* 	Date _____
Email: _____		

* If signed by an authorized agent , the "Agency Authorization" information below must be completed for this application to be considered acceptable.

AGENCY AUTHORIZATION FORM

AGENCY AUTHORIZATION

OWNER: ON FILE

I, _____, declare as follows; 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 necessary to file an application for, and obtain a permit to _____ 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>	Signatures	<u>AGENT</u>
Signature of Owner		Signature of Agent
Owner Mailing Address		Agent Mailing Address
Owner Phone Number		Agent Phone Number

BARR-WOOD SUBDIVISION
TENTATIVE SUBDIVISION MAP
PLANNED DEVELOPMENT (PD)

BEING A PORTION OF THE NORTHWEST QUARTER OF SECTION 3, TOWNSHIP 19 SOUTH, RANGE 24 EAST, MOUNT DIABLO BASE AND MERIDIAN, IN THE CITY OF VISALIA, COUNTY OF TULARE, STATE OF CALIFORNIA

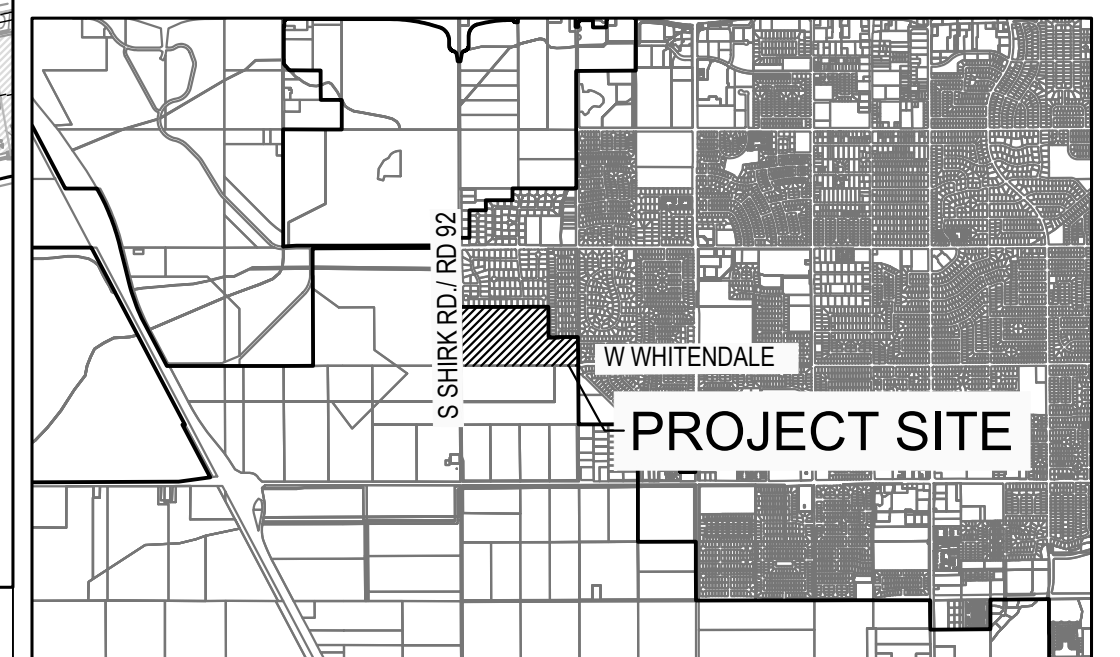
ENGINEER/PLANNER: 4-CREEKS INC.
 APN: 119-022-041
 ACREAGE: 69.35 ±
 PROPOSED LOTS: 136
 FLOOD ZONE: AE
 EXISTING ZONING: R-1-20 PREZONE
 EXISTING GENERAL PLAN: VERY LOW DENSITY RESIDENTIAL
 ELECTRICITY: SOUTHERN CALIFORNIA EDISON
 WATER: CAL WATER
 TELEPHONE: AT&T
 REFUSE DISPOSAL: CITY OF VISALIA
 NATURAL GAS: SOUTHERN CALIFORNIA GAS
 EXISTING USE: AE-20
 PROPOSED USE: VERY LOW DENSITY RESIDENTIAL

DENSITY:

LOTS: 137
 GROSS ACREAGE: 69.35
 GROSS DENSITY: 1.98 DU/AC
 NET ACREAGE: 48.72
 NET DENSITY: 2.81 DU/AC

SETBACKS (MINIMUM):

FRONT YARD: 30'
 SIDE YARD: 5'
 CORNER LOTS: 10' (22' GARAGE STREET SIDE)
 REAR YARD: 25' SHORT SIDE OR 20' LONG SIDE

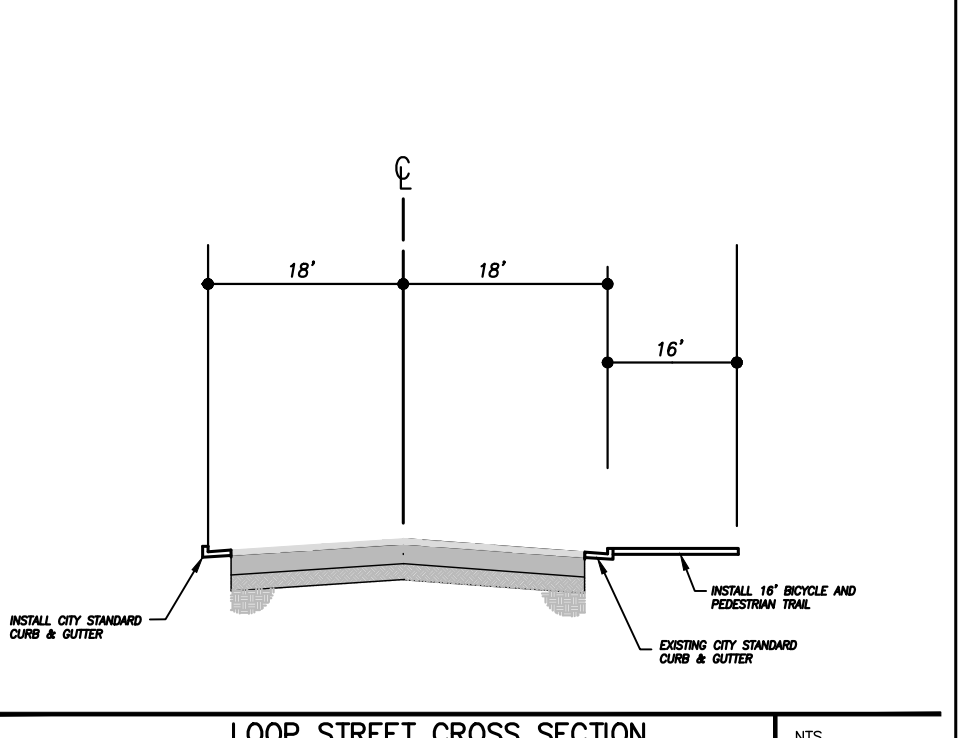
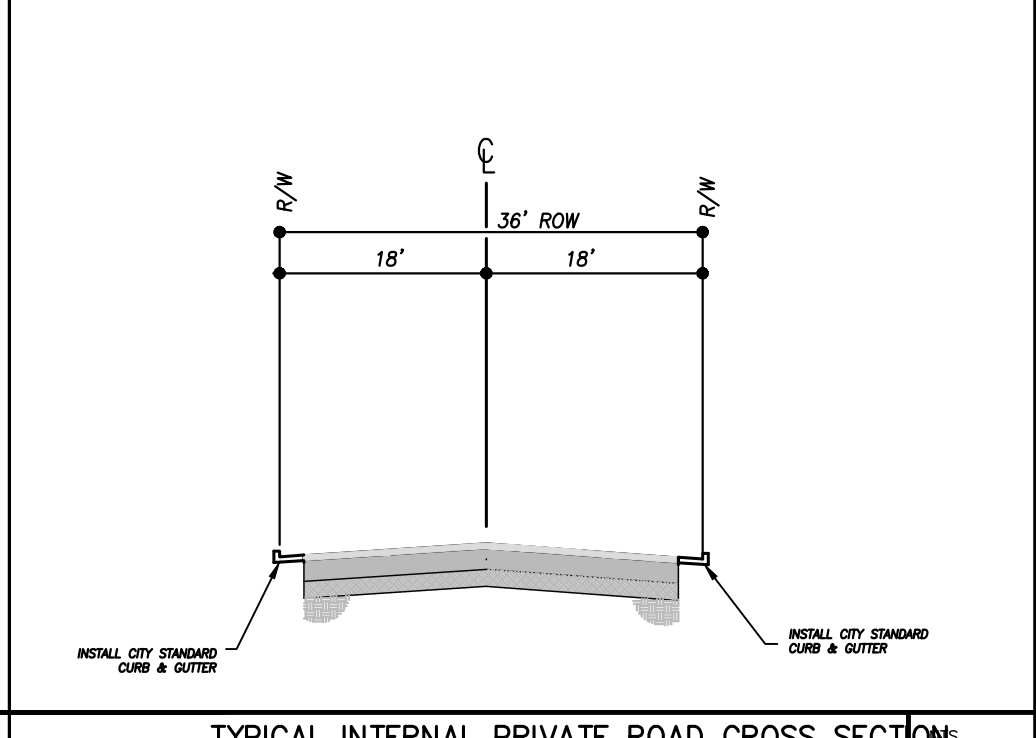
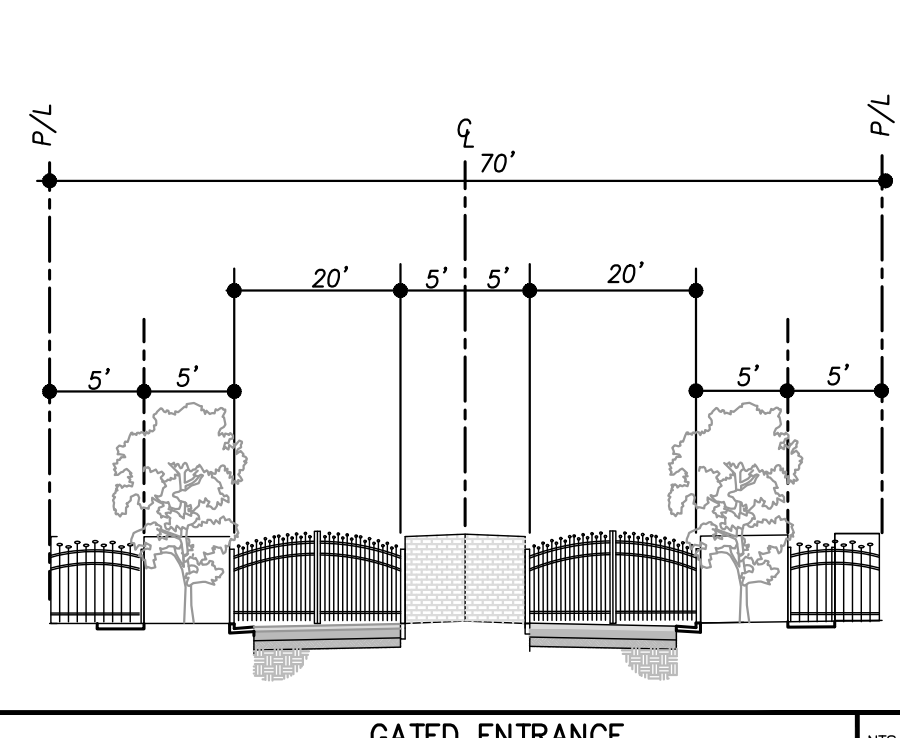
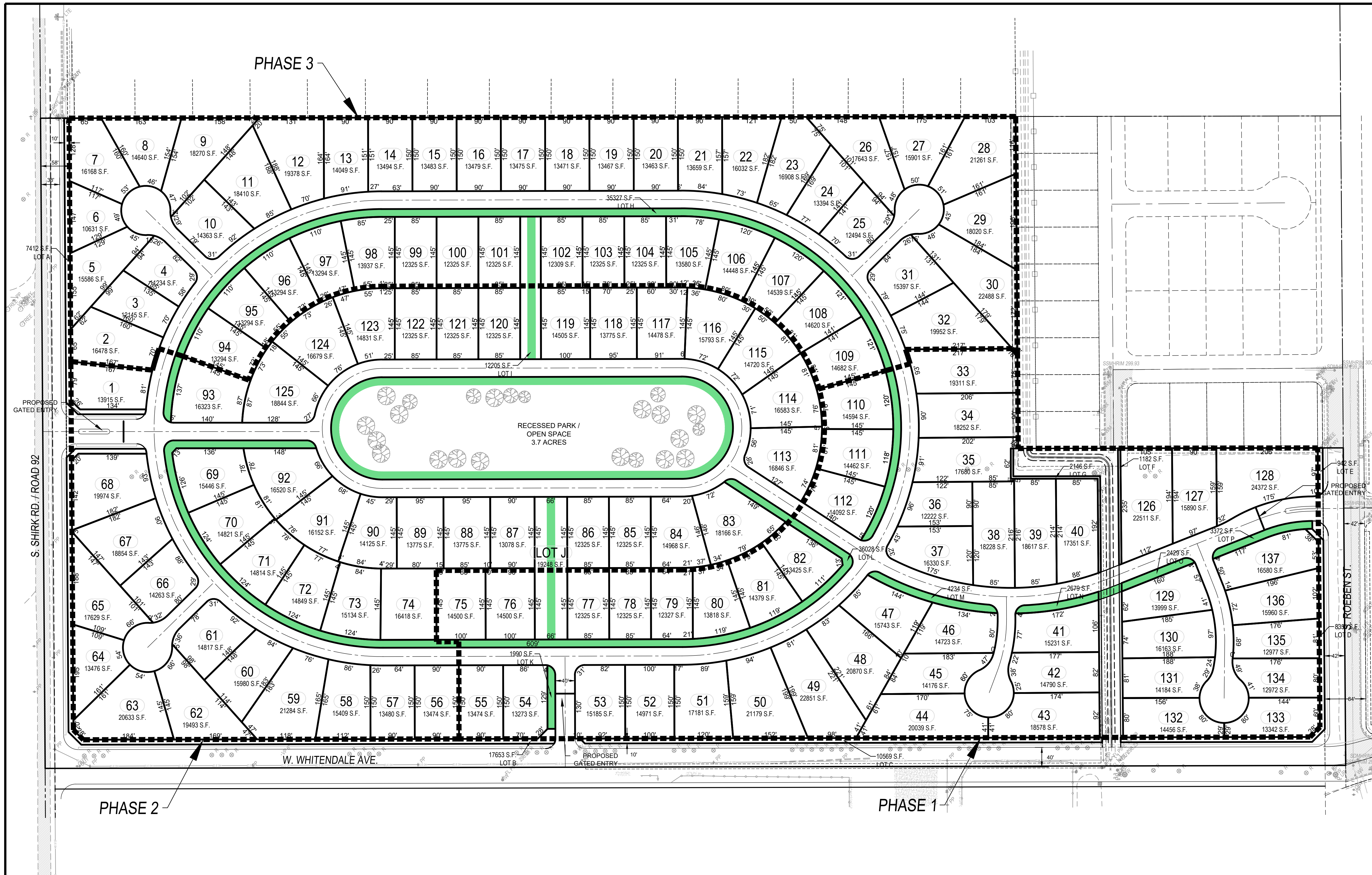


VICINITY MAP

PREPARED BY:



324 S. SANTA FE, STE. A
 P.O. BOX 7593
 VISALIA, CA 93292
 TEL: 559.802.3052
 FAX: 559.802.3215



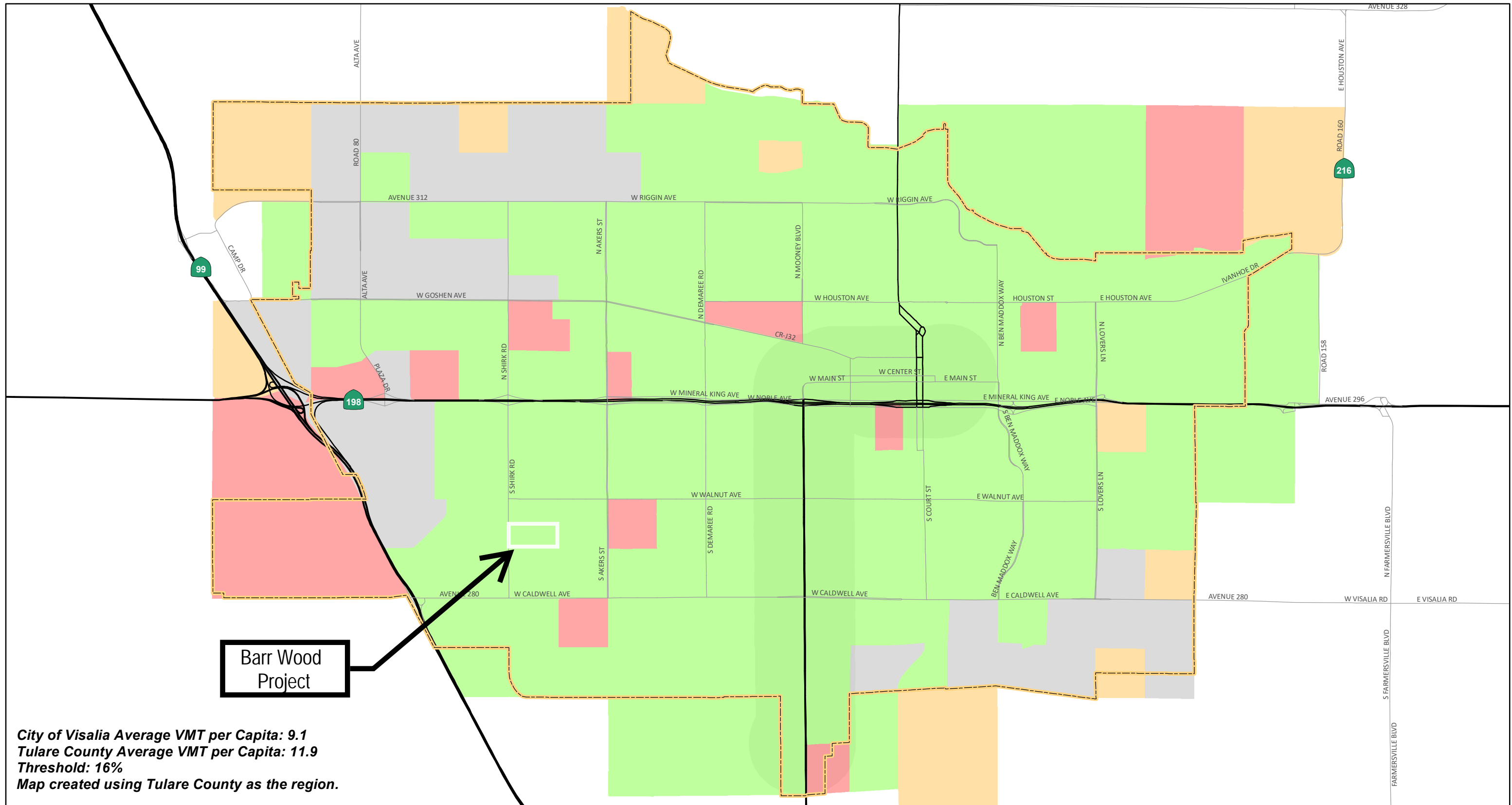
GATED ENTRANCE

N.T.S.

TYPICAL INTERNAL PRIVATE ROAD CROSS SECTION

LOOP STREET CROSS SECTION

N.T.S.



City of Visalia Average VMT per Capita: 9.1
Tulare County Average VMT per Capita: 11.9
Threshold: 16%
Map created using Tulare County as the region.

LSA

LEGEND

City of Visalia Sphere of Influence

VMT per Capita

- No Population
- 10.0 or Less
- More than 10.0, up to 11.9
- Greater than 11.9



0 2500 5000
FEET

FIGURE 6

City of Visalia VMT Thresholds and Implementation Guidelines
 City of Visalia - Existing VMT per Capita

SOURCE: TCAG Model; City of Visalia; Tulare County (11/20)

R:\VSL2001 Visalia VMT\GIS\VMT_Maps_01-21-2021\fig6_VMT_CAP.mxd (1/21/2021)



City of Visalia
VMT Thresholds and Implementation Guidelines

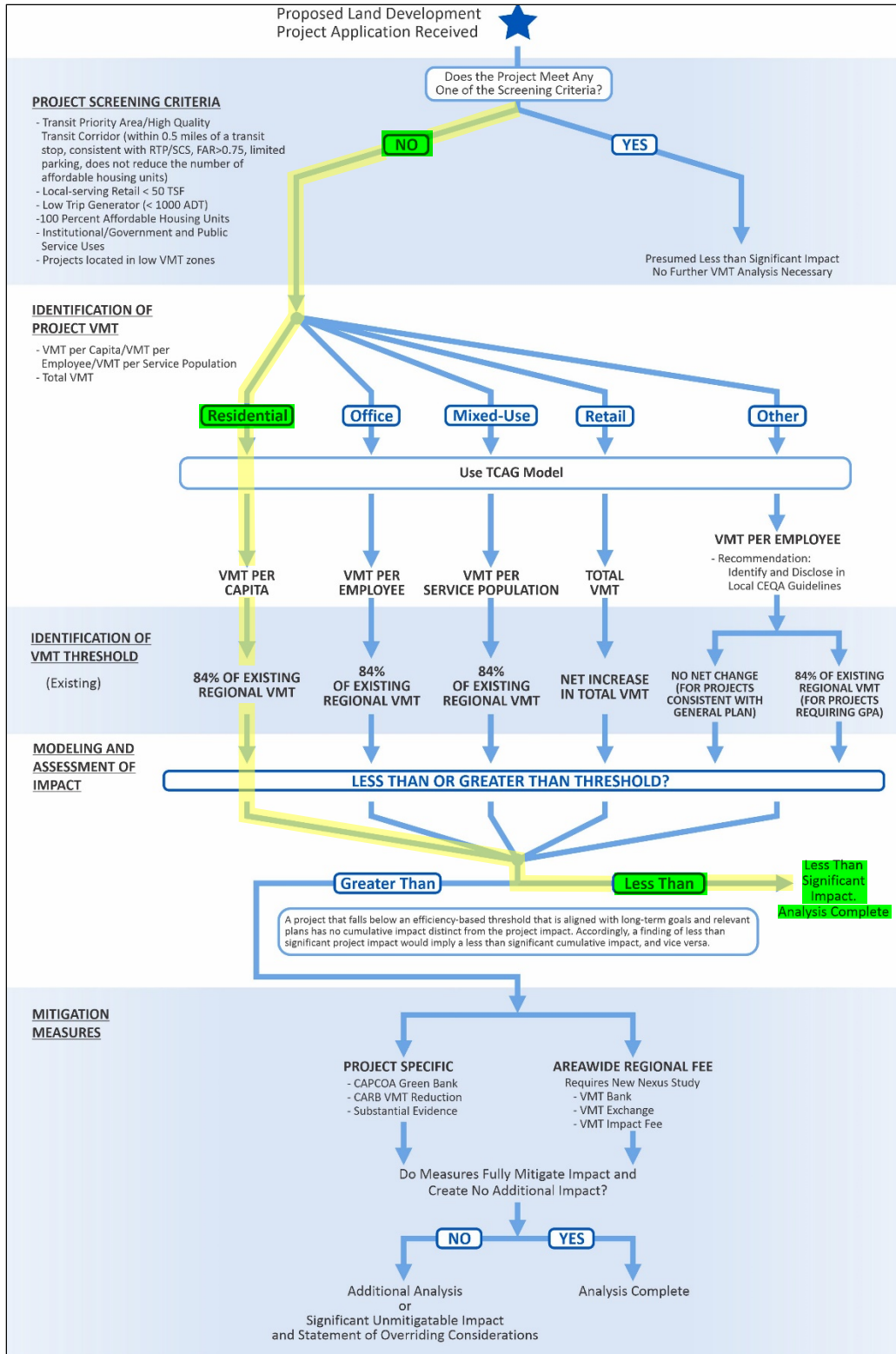


Figure 10: VMT Analysis Process for Development Projects



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GENERAL PROJECT INFORMATION

Project/Business Name: NEW MEDICAL CLINIC Date: 6-17-21

Project Description: PROPOSED MEDICAL TENANT

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

Property Owner: DC2 PROPERTIES LLC

Applicant(s) Name: MARIO CELILLO

Project Address/Location: 1329 N. PLAZA DR.

Assessor Parcel Number: 081-100-014

Parcel Size (Acreage or Square Feet): .57 ACRES Building or Suite Square Footage: 5,120 SQ.FT.

Are There Any Proposed Building Modifications: Yes No

Estimated Cost of Modifications to Building: \$ 450,000

Describe All Proposed Building Modifications: _____

NEW BUILDING

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

Date Received: 06/17/2021

SPR Agenda: 06/23/2021 Item No. _____

Zone: 1 SPR No. 21-110

Historic District: Yes No

Flood Zone: X AE X/AE

-- A SEPARATE, DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS --

OPERATIONS & TRAFFIC INFORMATION

Existing/Prior Building Use: EMPTY LOT

Proposed Building Use: MEDICAL CLINIC

Proposed Hours of Operation: 8:00 AM 5:00 PM

Days of Week In Operation (Circle): Su M T W Th F Sa

Number of Employees Per Day: Existing _____ Proposed 10

Number of Customers Per Day (Estimated): Existing _____ Proposed 50

Predicted Peak Operating Hour: _____

Describe Any Truck Delivery Schedule & Operations: _____

Please Identify Any Unique or Specific Traffic Patterns That Will Require Accommodations For Operations, Customers, or Employees

(Provide Separate Attachment if Necessary): _____

Describe Any Special Events Planned for the Facility: _____

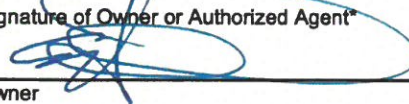
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 - North arrow
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 - Site dimensions, including building
 - Existing and proposed fencing at site
 - Public improvements (curbs, sidewalks, utility poles, hydrants, street lights, etc.)
 - Existing & proposed structures
 - Adjacent street names
 - Refuse enclosures & containers
 - Valley oak trees (show drip line)
 - Existing & proposed landscaping
 - Parking stalls (include ADA)
 - Loading/unloading areas
 - Accessible path of travel from right of way
 - Accessible path of travel from ADA stall
 - Location and width of drive approaches to site
 - Tentative maps shall adhere to requirements of Visalia Municipal Code Section 16

REQUIRED SIGNATURE

Applicant Information (Final comments will be mailed to the name and address provided below)

Name: MARIO CELILLO Signature of Owner or Authorized Agent* 

Address: PO BOX 648 Owner _____ Date 6-17-21

City, State, Zip VISALIA, CA 93279 Authorized Agent* _____ Date _____

Phone: (559) 553-2861

Email: MCELILLO@DCECOINC.COM

* If signed by an authorized agent, the "Agency Authorization" information below must be completed for this application to be considered acceptable.

AGENCY AUTHORIZATION

AGENCY AUTHORIZATION FORM

OWNER:

I, _____, declare as follows; I am the owner of certain real property bearing assessor's parcel number (APN):

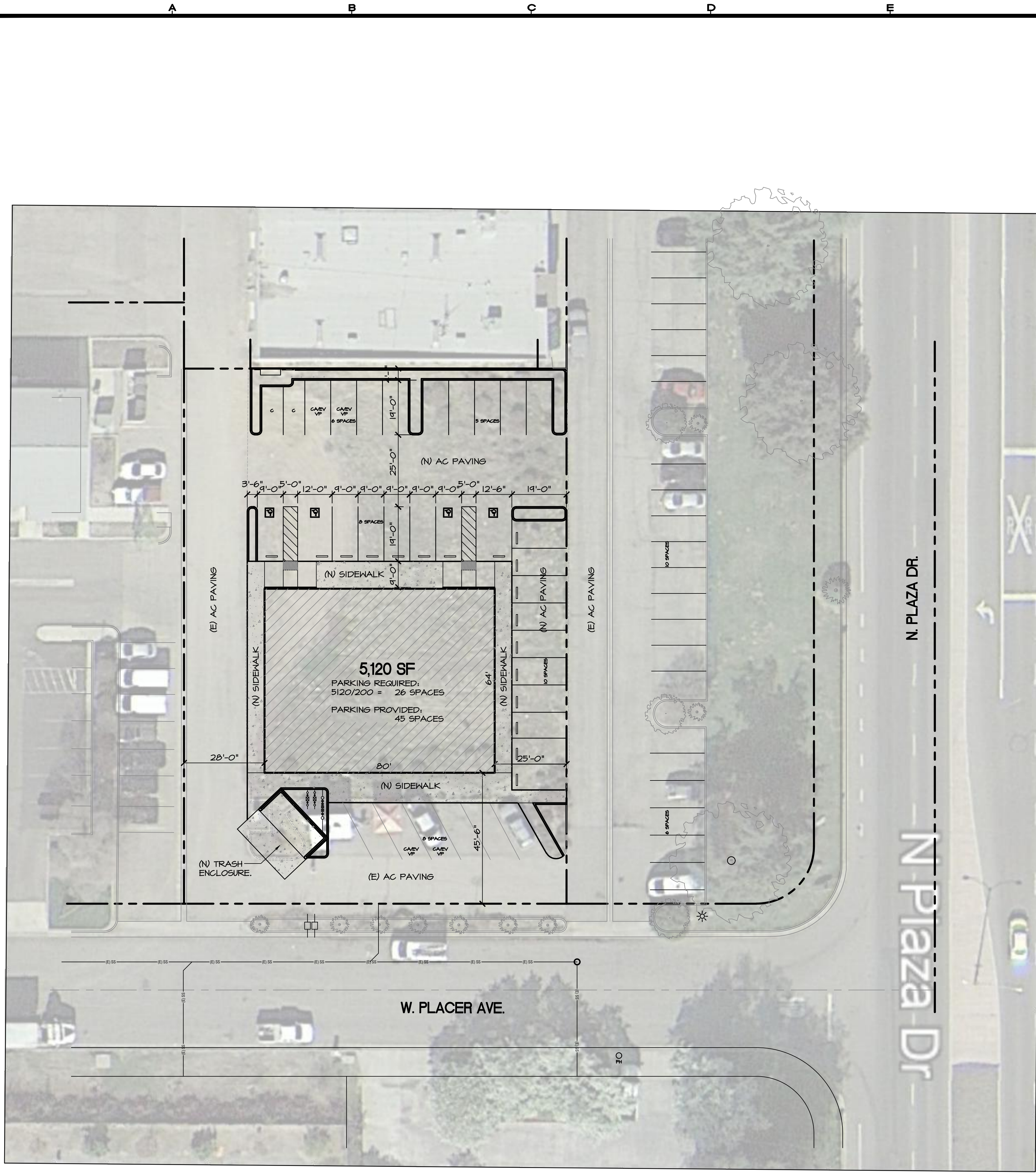
AGENT:

I designate _____, to act as my duly authorized agent for all purposes necessary to file an application for, and obtain a permit to _____ relative to the property mentioned herein.

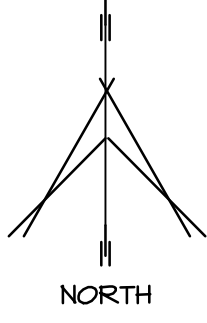
I declare under penalty of perjury the foregoing is true and correct.

Executed this _____ day of _____, 20_____.

<u>OWNER</u>	Signatures	<u>AGENT</u>
Signature of Owner		Signature of Agent
Owner Mailing Address		Agent Mailing Address
Owner Phone Number		Agent Phone Number



SITE KEY PLAN
1" = 20'

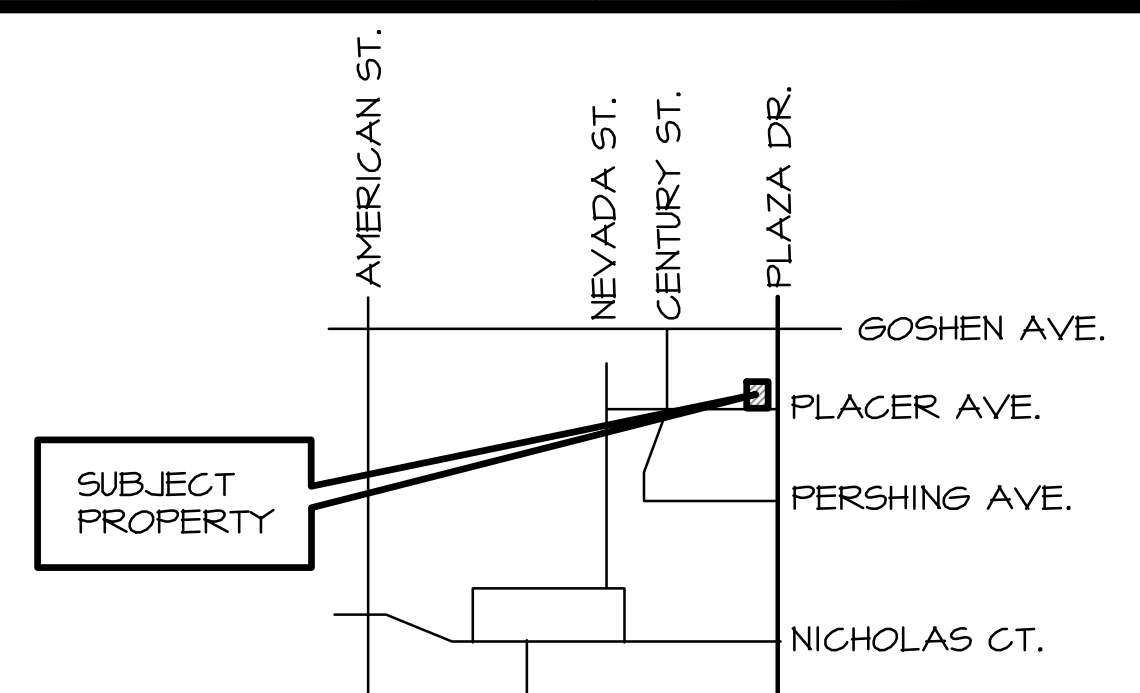


FIRE DEPARTMENT NOTES

- NOTHING IN THESE PLANS OR SPECIFICATIONS SHALL BE CONSTRUED TO PERMIT WORK NOT CONFORMING TO THE MOST STRINGENT OF APPLICABLE CODES. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE CALIFORNIA BUILDING CODE (CBC), CALIFORNIA FIRE CODE (CFC), AND ALL OTHER FEDERAL, STATE, COUNTY, AND CITY ORDINANCES.
- COMBUSTIBLE OR FLAMMABLE WASTE MATERIAL OR RUBBISH OF ANY KIND SHALL NOT BE PERMITTED ON ANY YARD, VACANT LOT, OR OPEN SPACE. COMBUSTIBLE DEBRIS, RUBBISH, OR WASTE MATERIAL SHALL BE REMOVED AS OFTEN AS PRACTICAL. (CFC 3304)
- FIRE EXTINGUISHERS - PER CFC 906, PROVIDE PORTABLE FIRE EXTINGUISHERS, CLASS 2A:10B:C MINIMUM. ONE FOR EACH 3000 SQUARE FEET OR PORTION THEREOF OF FLOOR SPACE AND MAXIMUM TRAVEL DISTANCE FROM ANY POINT IN THE BUILDING TO AN EXTINGUISHER NOT TO EXCEED 75 FEET. WHEN POSSIBLE, THE FIRE EXTINGUISHERS SHOULD BE MOUNTED NEAR EXITS OR IN NORMAL EXIT PATHWAYS. IF NECESSARY, A SIGN SHALL BE POSTED TO CLEARLY INDICATE THE LOCATION OF THE EXTINGUISHER.
- PLANS ARE NOT APPROVED FOR HIGH PILED COMBUSTIBLE STORAGE. STORAGE OF COMBUSTIBLE MATERIALS IN CLOSELY PACKED PILES OR COMBUSTIBLE MATERIALS ON PALLETS, IN RACKS, OR ON SHELVES WHERE THE TOP OF STORAGE IS GREATER THAN 12 FEET IN HEIGHT SHALL NOT BE ALLOWED.
- ADDRESS - APPROVED NUMBERS OR ADDRESSES SHALL BE PLACED ON ALL NEW AND EXISTING BUILDINGS IN SUCH A POSITION AS TO BE PLAINLY VISIBLE AND LEGIBLE FROM THE STREET OR ROAD FRONTING THE PROPERTY. SAID NUMBERS SHALL BE AT LEAST 6" HIGH AND SHALL BE OF A COLOR TO CONTRAST WITH THEIR BACKGROUND. (CFC 505)
- ALL REQUIRED EXITS SHALL BE CLEAR OF OBSTRUCTIONS FOR THE DURATION OF THE CONSTRUCTION PROJECT.
- DOOR HARDWARE - EGRESS DOORS SHALL BE READILY OPENABLE FROM THE EGRESS SIDE WITHOUT THE USE OF A KEY OR ANY SPECIAL KNOWLEDGE OR EFFORT. ALL HARDWARE SHALL COMPLY WITH CHAPTER 10 OF THE CALIFORNIA BUILDING CODE (CBC).
- MEANS OF EGRESS ILLUMINATION - AT ANY TIME THE BUILDING IS OCCUPIED, THE MEANS OF EGRESS SHALL BE ILLUMINATED AT AN INTENSITY OF NOT LESS THAN 1 FOOT-CANDLE AT FLOOR LEVEL.
- EXIT SIGNS - THE PATH OF TRAVEL TO AND WITHIN EXITS IN A BUILDING SHALL BE IDENTIFIED BY EXIT SIGNS CONFORMING TO THE REQUIREMENTS OF CBC CHAPTER 10. EXIT SIGNS SHALL BE READILY VISIBLE FROM THE DIRECTION OF APPROACH. EXIT SIGNS SHALL BE LOCATED AS NECESSARY TO INDICATE THE DIRECTION OF EGRESS TRAVEL. NO POINT SHALL BE MORE THAN 100 FEET FROM THE NEAREST VISIBLE SIGN.
- AMOUNTS OF FLAMMABLE AND COMBUSTIBLE MATERIAL STORED IN THE BUILDING SHALL NOT EXCEED THE EXEMPT AMOUNTS QUANTIFIED IN CBC 307 AND CFC 5104.
- WHEN FIRE FACILITIES SUCH AS, BUT NOT LIMITED TO, FIRE HYDRANTS AND ACCESS ROADS ARE TO BE INSTALLED BY THE DEVELOPER, THEY SHALL BE INSTALLED AND MADE SERVICEABLE PRIOR TO AND DURING THE TIME OF CONSTRUCTION. (CFC 901)
- ALL WORK SHALL COMPLY WITH NFPA STANDARDS, CBC AND CFC.
- SUBMIT PLANS TO AND OBTAIN PERMITS FROM THE JURISDICTION FIRE DEPARTMENT FOR ALL FIRE ALARM INSTALLATIONS AND/OR MODIFICATIONS.
- A SET OF PLANS SHOWING THE WORK TO BE DONE SHALL ALSO BE FORWARDED TO THE JURISDICTION BUILDING DEPARTMENT FOR REVIEW AND APPROVAL.
- FINAL APPROVAL IS SUBJECT TO ACCEPTANCE AFTER A FIELD INSPECTION.
- A KNOX BOX LOCK SYSTEM IS REQUIRED FOR THE BUILDING. APPLICATION IS AVAILABLE AT THE VISALIA BUILDING DEPARTMENT, 315 E. ACEQUIA. RETURN THE COMPLETED APPLICATION, ALONG WITH YOUR CHECK MADE PAYABLE TO "THE KNOX COMPANY" TO THE VISALIA BUILDING DEPARTMENT FOR SIGN OFF AND MAILING PRIOR TO FINAL INSPECTION FOR OCCUPANCY. (CFC 902)
- ANY FENCE GATE ACROSS THE ENTRY TO THE PROPERTY SHALL REQUIRE A KNOX BOX FOR FIRE DEPARTMENT ACCESS.

GOVERNING AGENCY AND CODES

- CITY OF VISALIA
- CALIFORNIA BUILDING STANDARDS CODE (CCR TITLE 24)
- 2019 CALIFORNIA BUILDING CODE (CBC)
- 2019 CALIFORNIA PLUMBING CODE (CPC)
- 2019 CALIFORNIA MECHANICAL CODE (CMC)
- 2019 CALIFORNIA ENERGY CODE (T-24, ENERGY COMPLIANCE)
- 2019 CALIFORNIA GREEN BUILDING STANDARDS CODE (CGBSC)
- 2019 CALIFORNIA FIRE CODE (CFC)
- 2019 CALIFORNIA ELECTRICAL CODE (CEC)
- NFPA 15, 2014 EDITION
- NFPA 24, 2014 EDITION
- ADA ACCESSIBLE GUIDELINES (ADAAGS)



VICINITY MAP
NTS

Call Two Working Days Before You Dig!



SITE NOTES

- EXISTING UNDERGROUND UTILITIES, PIPING, CONDUITS, IMPROVEMENTS OR OTHER UNDERGROUND ENCUMBRANCES FOR THIS EXISTING SITE ARE NOT SHOWN ON THESE PLANS. NO ATTEMPT HAS BEEN MADE BY COLLINS ENGINEERING TO LOCATE, VERIFY OR SHOW ANY NEW OR EXISTING UNDERGROUND UTILITIES, PIPING, CONDUITS, TANKS, IMPROVEMENTS OR OTHER UNDERGROUND ENCUMBRANCES FOR THIS EXISTING SITE. THE CONTRACTOR SHALL BE RESPONSIBLE FOR FIELD LOCATING AND VERIFYING ALL UNDERGROUND UTILITIES, PIPING, CONDUITS, TANKS, IMPROVEMENTS AND SIMILAR UNDERGROUND ENCUMBRANCES AND TAKE ALL NECESSARY PRECAUTIONS AND PREVENTATIVE MEASURES TO INSURE THAT SUCH EXISTING UTILITIES ARE NOT DAMAGED OR DISRUPTED DURING CONSTRUCTION. OWNER AND ENGINEER SHALL BE NOTIFIED OF ANY UTILITIES, PIPING, ETC. THAT IS UNCOVERED PRIOR TO OR DURING CONSTRUCTION WHICH MAY INTERFERE WITH OR BE AFFECTED BY THE PROPOSED CONSTRUCTION SO CONDITIONS AND ALTERNATIVES CAN BE REVIEWED PRIOR TO PROCEEDING WITH CONSTRUCTION.
- ALL PROPERTY LINE DIMENSIONS, LOCATIONS, DETAILS, EASEMENTS, ETC. ARE BASED ON AVAILABLE COUNTY ASSESSOR'S MAP INFORMATION AND SHALL BE VERIFIED AND SURVEYED BY A CALIF. LICENSED LAND SURVEYOR.
- SEE DESIGNS AND DRAWINGS BY OTHERS FOR SITE UTILITIES, PAVING AND PATCHING.
- FIELD VERIFY EXISTING CONDITIONS. ALL DIMENSIONS SHALL BE FIELD VERIFIED.

PROJECT INFO.

SITE PLAN REVIEW NO.: TBD

OWNER: DC2 PROPERTIES, LLC
PO BOX 648
VISALIA, CA 93274

CONTACT: MARIO CELILLO : 559-553-2861

LOCATION: 1329 N. PLAZA DR.
VISALIA, CA

APN: 081-100-014

SITE AREA: 0.57 ACRES

FLOOD ZONE: X02

ZONE: I (INDUSTRIAL)

USE: LICENSED OSHPD 3 CLINIC

TYPE OF CONSTRUCTION: V-B-NS (NON-SPRINKLERED)

OCCUPANCY: B

NUMBER OF STORIES: 1

BUILDING FLOOR AREA: 5,120 SF

ALLOWABLE FLOOR AREA:

9,000 SF (BASIC FOR OCC. B, TYPE V-B-NS)

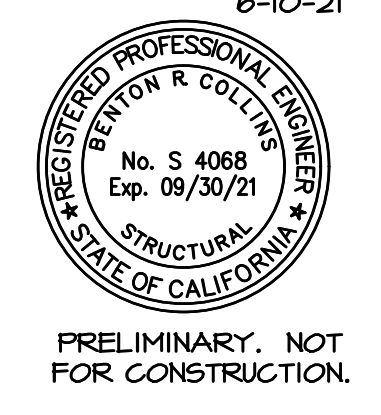
F = 288'

P = 288'

H = 25'

If = (288/288 - 0.25)/25/30 = 0.62

Aa = 9,000 + 0.62(9,000) = 14,580 SF



Collins Engineering
Structural & Civil Engineering
P.O. Box 6065 • Visalia, CA 93290
(559) 734-4060
License S-4068

NEW MEDICAL CLINIC FOR:
MEDICAL CLINIC TENANT TBD
DC2 PROPERTIES, LLC
1329 N. PLAZA DR.
VISALIA, CA
APN: 081-100-014

MARK	DATE	DESCRIPTION

DATE:	6/10/21
DRAWN BY:	BC
PROJECT NO.:	20-1427
SHEET TITLE	
PROJECT INFO AND SITE KEY PLAN	
SHEET	G1-A
SHEET	OF

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GENERAL PROJECT INFORMATION

Project/Business Name: The Meadows Senior Cottages - Renovation of Community Room & Office Date: 6 / 17 / 2021

Project Description: Renovate Community Room & Office building to match renovations of cottages and modernize spaces

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

Property Owner: Visalia Senior Housing

Applicant(s) Name: Thom Black, Architect

Project Address/Location: 3900 W Tulare Ave

Assessor Parcel Number: 087 - 110 - 054 - _____

Parcel Size (Acreage or Square Feet): 5.21 Ac Building or Suite Square Footage: 3,353 sq ft conditioned area

Are There Any Proposed Building Modifications: Yes No

Estimated Cost of Modifications to Building: \$ \$450,000

Describe All Proposed Building Modifications: _____
Remove low slope roof structure, replace with residential hip ro structure to match cottage renovations, add community room patio, add community room porch, add community room kitchen, add resident laundry room, remodel office space and upgrade accessible restrooms

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

Date Received: 06/17/2021

SPR Agenda: 06/23/2021 Item No. _____

Zone: R-1-5 SPR No. 21-111

Historic District: Yes No

Flood Zone: X AE X/AE

OPERATIONS & TRAFFIC INFORMATION

- - A SEPARATE, DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS - -

Existing/Prior Building Use: Resident community room and office

Proposed Building Use: No change

Proposed Hours of Operation: 8 - 5 M- Sa

Days of Week In Operation (Circle): Su M T W Th F Sa

Number of Employees Per Day: Existing 3 Proposed 3

Number of Customers Per Day (Estimated): Existing varies Proposed _____

Predicted Peak Operating Hour: _____

Describe Any Truck Delivery Schedule & Operations: none

Please Identify Any Unique or Specific Traffic Patterns That Will Require Accommodations For Operations, Customers, or Employees (Provide Separate Attachment if Necessary): none

Describe Any Special Events Planned for the Facility: Occasional resident gatherings

SITE PLAN MINIMUM REQUIREMENTS

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 - Existing & proposed landscaping
 - Tentative maps shall adhere to requirements of Visalia Municipal Code Section 16
 - Parking stalls (include ADA)

REQUIRED SIGNATURE

Applicant Information (Final comments will be mailed to the name and address provided below)

Name: <u>Thom Black</u>	Signature of Owner or Authorized Agent*	
Address: <u>P O Box 3424</u>	Owner _____	Date _____
City, State, Zip <u>Visalia, CA 93278</u>	<u>Thom Black</u>	<u>6 17 2021</u>
Phone: <u>559 967-0850</u>	Authorized Agent*	Date
Email: _____		

* If signed by an authorized agent , the "Agency Authorization" information below must be completed for this application to be considered acceptable.

AGENCY AUTHORIZATION

AGENCY AUTHORIZATION FORM

OWNER:

I, _____, declare as follows; I am the owner of certain real property bearing assessor's parcel number (APN):

AGENT:

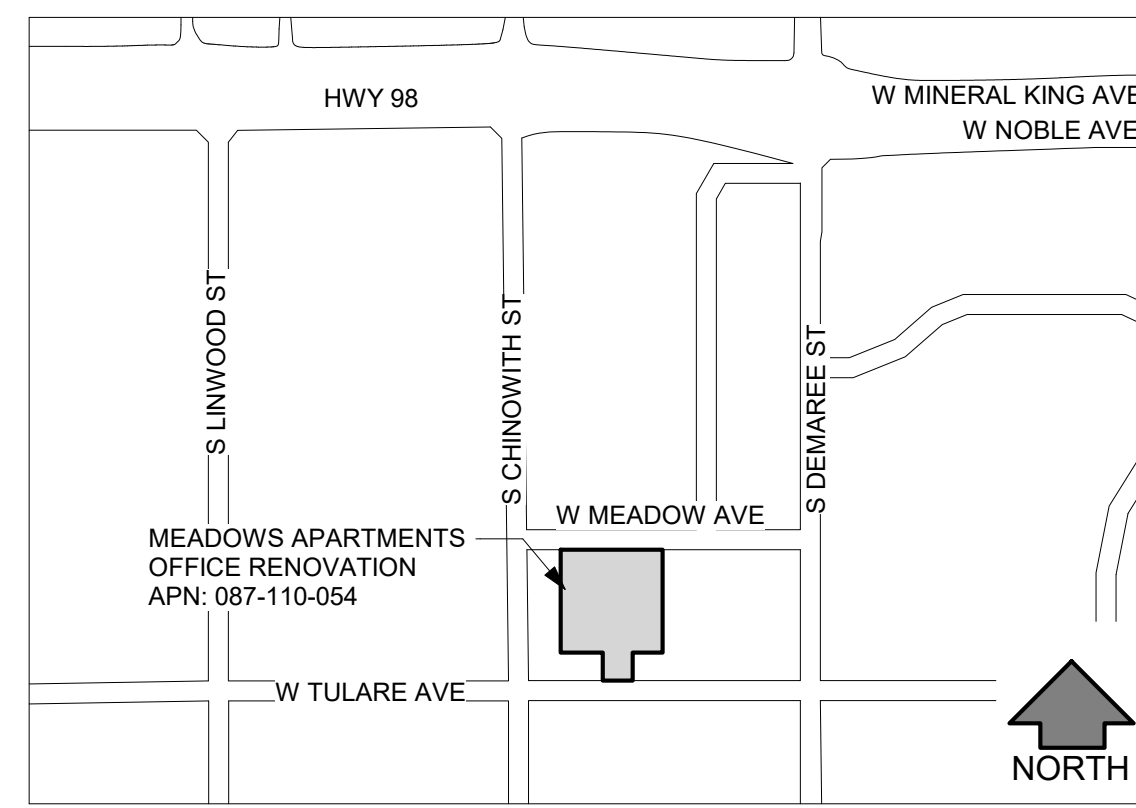
I designate _____, to act as my duly authorized agent for all purposes necessary to file an application for, and obtain a permit to _____ relative to the property mentioned herein.

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

Executed this _____ day of _____, 20____.

<u>OWNER</u>	Signatures	<u>AGENT</u>
Signature of Owner _____		<u>Thom Black</u> Signature of Agent
Owner Mailing Address _____		P O Box 3424 Agent Mailing Address Visalia, CA 93278
Owner Phone Number _____		559 967-0850 Agent Phone Number

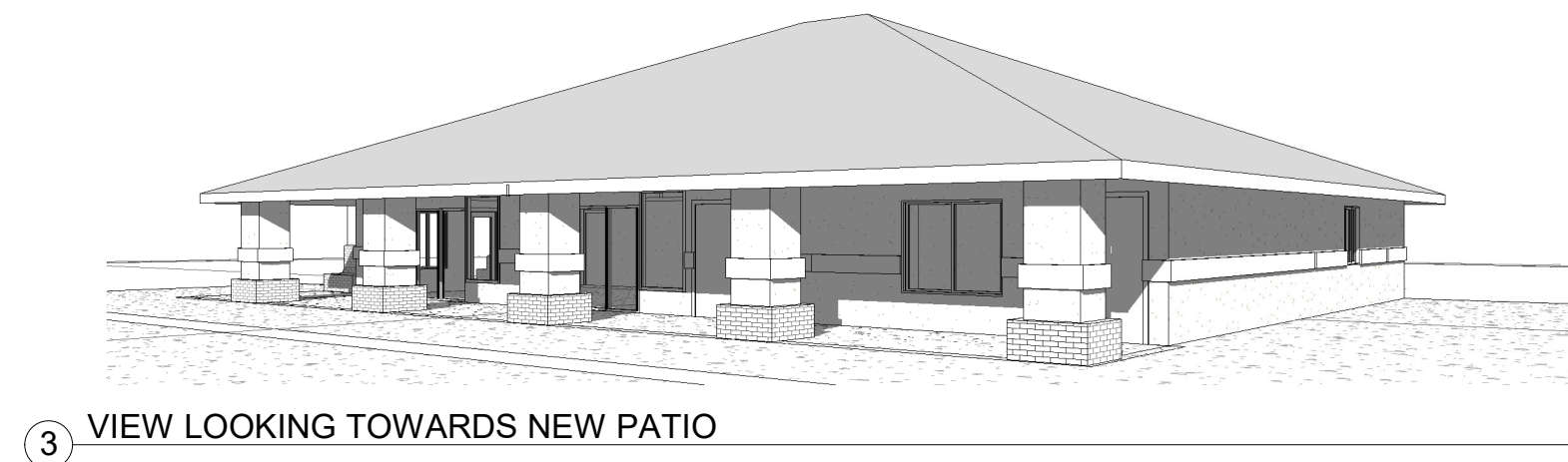
VICINITY MAP



PROJECT STATISTICS

PROJECT NAME: MEADOWS SENIOR COTTAGES COMMUNITY ROOM AND OFFICE RENOVATION
 PROPERTY OWNER: VISALIA SENIOR HOUSING
 APPLICANT NAME: THOM BLACK ARCHITECT
 PROJECT ADDRESS/LOCATION: 3900 W TULARE AVE
 ASSESSOR PARCEL NUMBER: 087-110-054
 PARCEL SIZE: 227,368 SF TOTAL

BUILDING AREA: SQ. FT.	EXISTING	ADDITION	TOTAL
OVERALL UNDER ROOF	2,758 SQ FT	1,514 SQ FT	4,272 SQ FT
CONDITIONED SPACE	2,758 SQ FT	595 SQ FT	3,353 SQ FT



3 VIEW LOOKING TOWARDS NEW PATIO



4 VIEW FROM PARKING LOT

THE MEADOWS



SENIOR COTTAGES

3900 W. Tulare

COMMUNITY ROOM/OFFICE RENOVATION

SCOPE OF WORK

- REMOVE EXISTING LOW-SLOPE ROOF STRUCTURE
- REPLACE WITH NEW RESIDENTIAL STYLE HIP ROOF STRUCTURE TO MATCH COTTAGES
- RENOVATE EXTERIOR FINISHES
- ADD COMMUNITY ROOM PATIO
- ADD COMMUNITY ROOM PORCH
- ADD COMMUNITY ROOM KITCHEN
- ADD RESIDENT LAUNDRY ROOM
- ADD SATELITE STORAGE ROOM
- ADD ACCESSIBLE RESTROOM FOR OFFICE STAFF
- UPGRADE COMMUNITY ROOM RESTROOMS
- RECONFIGURE/MODERNIZE OFFICE SPACE
- REPLACE ROOF AT FREE-STANDING SHOP STORAGE

RECENT COTTAGE RENOVATIONS:

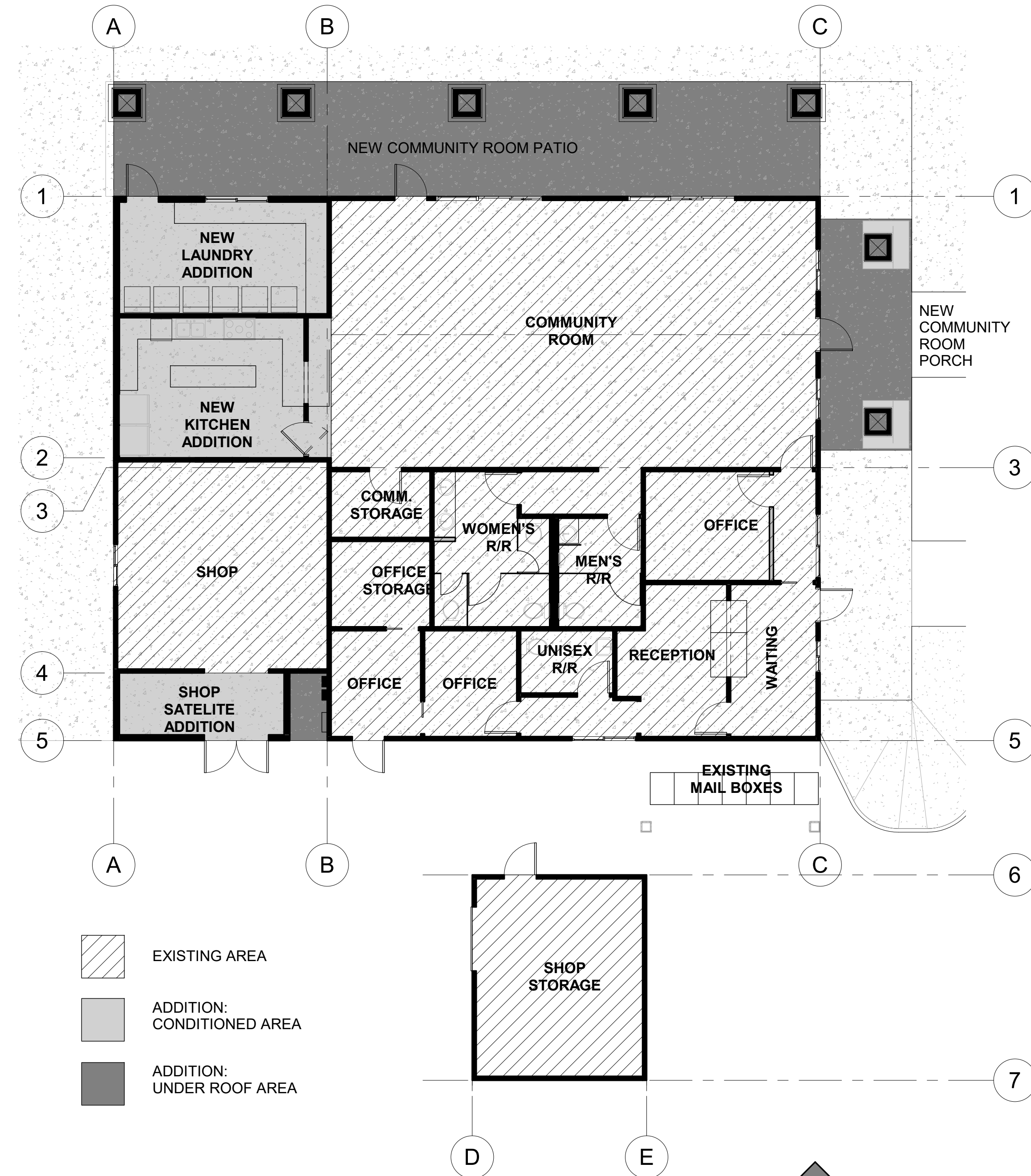
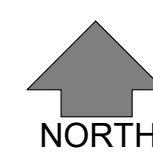
B210332
 B210333
 B203428
 B203175
 B200951

W MEADOW AVE

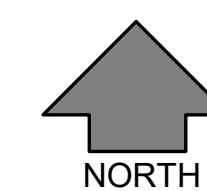
S CHINOWITH RD



W TULARE AVE



1 FLOOR PLAN
 1/8" = 1'-0"



SITE PLAN REVIEW



MEADOWS APARTMENTS OFFICE RENOVATION

No.	Description	DATE
A	SITE PLAN REVIEW	06/17/2021
B		
C		
D		
E		

Project number 2104.2
 Drawn by DC
 Checked by THOM

SPR-1

SET DATE 2/27/2020