

Planning Entitlement Application

The City of Sacramento Planning Division has designed this application in order to obtain important information about your proposed project that will help to expedite the application review process. Please complete all sections, providing as much detail as possible regarding the scope of your proposal.

Subject Site Information

Project Name: PANHANDLE
 Zoning: AG-80
 General Plan Designation: AG/CROP
 Site address or location of property: DEL PASO ROAD @ NATIONAL DRIVE
 Assessor's Parcel Number(s): 201-0320-018, -019, -024, -025; 201-0540-071, -072, -073; 225-0050-003, -016, -020, -021, -022; 225-0060-021
 Total property size in acres (Gross/Net): 589.4AC
 Square feet if less than one (1) acre: N/A
 Lot dimensions: IRREGULAR

Property Owner Information

Contact name: (MULTIPLE OWNERSHIPS; SEE ATTACHED LISTING)
 Company name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Ext: _____ Fax: _____
 Email Address: _____

Applicant Information

Contact name: JOHN HODGSON
 Company name: THE HODGSON COMPANY
 Mailing Address: 2514 CHINATOWN ALLEY
 City: SACRAMENTO State: CA Zip: 95816
 Phone: 916-548-8554 Ext: _____ Fax: _____
 Email Address: JHODGSON@THEHODGSONCOMPANY.COM

Staff Use Only

Date Filed: Feb 8TH 2016 Received By: [Signature]
 File Number: 116-013

City of Sacramento
Letter of Agency

If the applicant is not the owner of record of the subject site, a Letter of Agency from the owner or the owner's authorized representative must be submitted which grants the applicant permission to submit an application for the requested entitlement(s).

Date: 01-29-16

To: City of Sacramento
Community Development Department
300 Richards Boulevard,
Third Floor
Sacramento, CA 95811

Community Development Department:

I, the undersigned legal owner of record, hereby grant permission to:

Applicant: JOHN HODGSON Phone: 916-548-8554

Applicant's Address: 2514 CHINATOWN ALLEY, SACRAMENTO CA 95816

to apply for the following entitlement(s): ANNEXATION, GENERAL PLAN AMENDMENT, PRE-ZONE, PUD ESTABLISHMENT, TENTATIVE MASTER PARCEL MAP, DEVELOPMENT AGREEMENT

The subject property located at: DEL PASO ROAD@NATIONAL DRIVE

Assessor's Parcel Number: _____

Printed Name of Owner of Record: (SEE ATTACHED ADD'L SHEETS)

Address of Owner of Record: _____ Phone: () _____

Signature of Owner of Record: _____

(must be original signature)

All Projects

Land Use

What is the current use of the site? VACANT, SCHOOL (UNDER CONSTRUCTION)

Please list all previous land use(s) of site for the last 10 years. VACANT, SCHOOL (UNDER CONSTRUCTION)

Neighborhood Contact

Please describe any contact you have had regarding the project with the following: neighbors/property owners adjacent to the subject site, Neighborhood Associations, Business Associations, or Community Groups in the project area:

NORTH NATOMAS COMMUNITY, VALLEY VIEW ACRES COMMUNITY

Site Characteristics

Providing the following information regarding the environmental setting with your application is one the most effective ways to expedite your project's environmental review. If your site contains structures, large trees, mature vegetation, natural drainage ways, low lying areas where water pools during the rainy season, or wetland areas, supplemental information may be requested in order to conduct the environmental review of your project.

Are there any **structures** or **buildings** on the project site? YES NO

If yes, how many? _____

What is the construction date of each structure/building? _____

Current Use of Existing Structure(s)? _____

Proposed Use of Existing Structure(s)? _____

Are there any **trees** on the project site? YES NO

Are there trees proposed to be **removed**? YES NO

Does your site contain any **natural drainage** ways? YES NO

Does your site contain any **wetland areas** or areas where water pools during the rainy season? YES NO

What land uses surround your site? (for example, single family or multi-family residential, commercial)
Please describe:

RANCHETTES, SINGLE-FAMILY RESIDENTIAL, VACANT

Are you proposing any new **fencing or screening**?

YES NO

If yes, please describe the location of the fencing, the height, and the materials (i.e. wood, masonry, etc.):

N/A

Is there **parking** onsite?

YES NO

If yes, how many spaces are existing (for the entire property) and how many are proposed onsite with this project?

Existing _____

Proposed _____

Are you proposing any parking offsite?

YES NO

If yes, where is it to be located and how many spaces? N/A

Are you proposing to waive any parking spaces?

YES NO

Are you proposing any new **signs** with this project?

YES NO

If yes, please describe the number and type. N/A

Are there any **easements** crossing the site?

YES NO

Are there any **trash/recycling** enclosures onsite?

YES NO

If yes, what is the size of the enclosure(s) and where are they located? N/A

Please describe the height and materials. N/A

What is the total number of cubic yards allocated for recycling? N/A

Building Setback from Property Lines:

Existing (feet'-inches")

Proposed (feet'-inches")

	Existing (feet'-inches")	Proposed (feet'-inches")
Front	N/A	
Rear	N/A	
Streetside	N/A	
Interior Side	N/A	

What are the front setbacks of the two nearest buildings (on adjacent property) on the same side of the block? If there are no other buildings/properties, please write "N/A."

1st Address: N/A

2nd Address: N/A

Setback: _____

Setback: _____

Exterior Materials

Existing Exterior Building Materials: N/A

Existing Roof Materials: N/A

Existing Exterior Building Colors: N/A

Proposed Exterior Building Materials: N/A

Proposed Roof Materials: N/A

Proposed Exterior Building Colors: N/A

Residential Projects

Note: Fill in this section if your project has residential units. Complete both residential and non-residential sections if you are submitting a mixed-use project. NOTE: Provide information below for the proposed project, unless question specifically requests information on the existing conditions of the property:

Total Number of Lots:	TENTATIVE MASTER PARCEL MAP=43	Net Acreage of Site:	589.4
Total Dwelling Units:	PUD=1,593DU	Density/Net Acre:	5.9du/net resid. acre
# of Single Family Units:	PUD=1,593DU	# of Duplex/Halfplex Units:	0
# of Multi-Family/Apartments/3+ Units:	0	# of Condominium Units:	0
Are any of these proposed units to be subsidized? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, please state the number of units and describe the type and source of the subsidy.			
n/a			

Structure Size

Please identify the size of all existing structures to be retained (Identify separately):

Residence	Gross square footage:	n/a
Garage	Gross square footage:	n/a
Other	Gross square footage:	n/a
Size of new structure(s) or building addition(s):	Gross square footage:	n/a
	Total square footage:	n/a

Building Height

Building Height means the vertical dimension measured from the average elevation of the finished lot grade at the front of the building to the plate line, where the roof meets the wall.

Existing building height (Measured from ground to the plateline):	n/a	ft.		# of floors
(Measured from the ground to the top of roof)	n/a	ft.		
Proposed building height (Measured from ground to the plateline):	n/a	ft.		# of floors
(Measured from the ground to the top of roof)	n/a	ft.		

Lot Coverage

Total (proposed new and existing to be retained) Building Coverage

Area* (sq. ft.):	n/a	Project Site Lot Area (sq. ft.):	589.4ac
Total lot coverage percentage:	n/a	%	

Example: building area (2000')/ lot area (5000') = 40% total lot coverage

*Include all covered structures (patios, porches, sheds, detached garages, etc.)

Non-Residential Projects

Note: Fill in this section if your project has a non-residential component. Complete both residential and non-residential sections if you are submitting a mixed-use project.

Hours of operation of the proposed use: n/a

If your project includes fixed seats, how many are there? n/a

Building Size

Total Building Square Footage Onsite: n/a gross square feet

Breakdown of square footage: Please mark all that apply.

	Existing	Proposed		Existing	Proposed
Warehouse Area:	n/a		Sales Area:	n/a	
Office Area:	n/a		Medical Office Area:	n/a	
Storage Area:	n/a		Assembly Area:	n/a	
Restaurant/ Bar Area:	n/a		Theater Area:	n/a	
Structured Parking:	n/a		Other Area:*	n/a	

*Describe use type of "other" areas

Building Height

Existing building height (Measured from ground to highest point): n/a ft. # of floors

Proposed building height (Measured from ground to highest point): n/a ft. # of floors

Lot Coverage

Total Building Coverage Area, existing and proposed* (sq. ft.): n/a Project Site Lot Area (sq. ft.): n/a

Total lot coverage percentage: n/a %

Example: building area (2000')/ lot area (5000') = 40% total lot coverage

*Include all covered structures (patios, porches, sheds, detached garages, etc.)

Design Guidelines

Design Guidelines have been established the City Council for every area of the city. The intent of the Design Guidelines is to foster and maintain a level of quality in building development that supports desirable neighborhoods, livability, and community value, consistent with the City's General Plan.

YES NO I have read the applicable Design Guidelines and have completed the Design Guidelines Checklist for the district or area of this project.

YES NO This project meets all the Design Guidelines listed on the checklist.

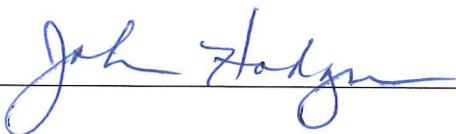
YES NO This project proposes to deviate from the Design Guidelines.

Please note: For projects involving historic Landmarks or their sites, or properties within Historic Districts, please include the Secretary of the Interior's Standards for Historic Properties, and Guidelines for Interpreting the Standards, as part of your responses to the Design Guidelines questions above.

Certification

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial elevation to the best of my ability and that the facts, statements and information presented are true and correct to the best of my knowledge and belief.

Applicant
Signature:



Date: 2/8/2016

Staff Use Only

Zoning Information

Zone/Overlay: ANNEXATION - INFO PAGE NOT AVAILABLE

Special Planning District: _____

Planned Unit Development: _____

Design Review District: _____

Historic District: _____ Historic Landmark?: YES NO

General Plan Designation: _____

Council District: _____

Previous file numbers: _____

CC's

Planning Entitlement Type

<input checked="" type="checkbox"/> <u>Commission Level</u>	<input type="checkbox"/> <u>Director Level</u>	<input type="checkbox"/> <u>Staff Level</u>
<input checked="" type="checkbox"/> Development Agreement	<input checked="" type="checkbox"/> Tentative Map	<input checked="" type="checkbox"/> Site Plan and Design Review
<input checked="" type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Time Extension (File Number <u>43</u>)	If deviation:
<input checked="" type="checkbox"/> Rezone	<input type="checkbox"/> Subdivision Modification	<input type="checkbox"/> Development Standard
<input checked="" type="checkbox"/> Establish Planned Unit Development	<input type="checkbox"/> Variance	<input type="checkbox"/> Design Guideline
<input type="checkbox"/> PUD Guidelines Amendment	<input type="checkbox"/> Time Extension (File Number _____)	List a brief description of deviation (s):
<input type="checkbox"/> Schematic Plan Amendment	<input type="checkbox"/> Preliminary Review	_____
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Reasonable Accommodation (For Residential Projects Only)	_____
<input type="checkbox"/> Major Modification	<input type="checkbox"/> Inclusionary Housing Plan	_____
<input type="checkbox"/> Minor Modification	<input checked="" type="checkbox"/> Other: <u>ANNEXATION</u>	_____
<input type="checkbox"/> Time Extension (File Number _____)		_____

Total Number of Lots: 43 Net Acreage of Site: 789.4 +/-

Total Dwelling Units: _____ Density/Net Acre: _____

Information Verified by (Planner Name): [Signature]

Date: 2.8.2016

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Date: 01-29-16

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Community Development Department
300 Richards Boulevard,
Third Floor
Sacramento, CA 95811

Community Development Department:

I, the undersigned legal owner of record, hereby grant permission to:

Applicant: JOHN HODGSON Phone: 916-548-8554

Applicant's Address: 2514 CHINATOWN ALLEY, SACRAMENTO CA 95816

to apply for the following entitlement(s): ANNEXATION, GENERAL PLAN AMENDMENT, PRE-ZONE, PUD ESTABLISHMENT, TENTATIVE MASTER PARCEL MAP, DEVELOPMENT AGREEMENT

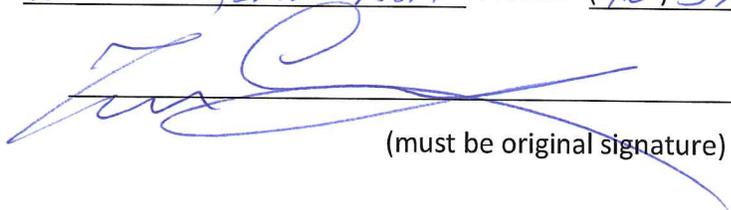
The subject property located at: DEL PASO ROAD@NATIONAL DRIVE

Assessor's Parcel Number: 225-0050-003

Printed Name of Owner of Record: TASSO PETER CONOMEROS

Address of Owner of Record: 4300 D ST, Spno 95819 Phone: (916) 373 1100

Signature of Owner of Record: _____



(must be original signature)

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The subject property located at: DEL PASO ROAD@NATIONAL DRIVE

Assessor's Parcel Number: 225-0050-016

Printed Name of Owner of Record: Carl Brothers trustee E.B. Brothers Revocable Trust 1993

Address of Owner of Record: 414 L Street Richards Phone: (916) 709-1101

Signature of Owner of Record: Carl Brothers

(must be original signature)

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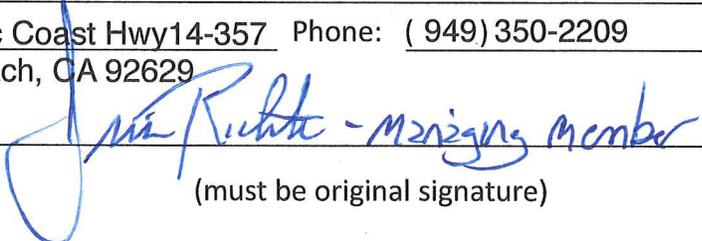
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The subject property located at: DEL PASO ROAD@NATIONAL DRIVE

Assessor's Parcel Number: 225-0050-020 and 225-0050-021

Printed Name of Owner of Record: Moontide LLC

Address of Owner of Record: 32932 Pacific Coast Hwy14-357 Phone: (949) 350-2209
Monarch Beach, CA 92629

Signature of Owner of Record: 
(must be original signature)

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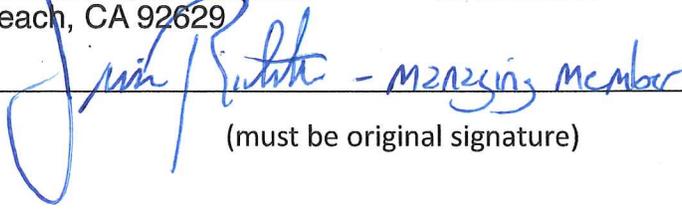
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The subject property located at: DEL PASO ROAD@NATIONAL DRIVE

Assessor's Parcel Number: 225-0050-022 and 225-0060-021

Printed Name of Owner of Record: Moontide LLC

Address of Owner of Record: 32932 Pacific Coast Hwy14-357 Phone: (949) 350-2209
Monarch Beach, CA 92629

Signature of Owner of Record:  - Managing member
(must be original signature)

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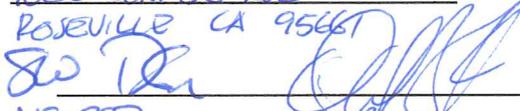
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The subject property located at: DEL PASO ROAD@NATIONAL DRIVE

Assessor's Parcel Number: 201-0540-073

Printed Name of Owner of Record: BD PROPERTIES LLC

Address of Owner of Record: 1082 SUNRISE AVE Phone: (916) 783-4100

Signature of Owner of Record: 
MEMBER,  MEMBER (must be original signature)

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Assessor's Parcel Number: 201-0320-018 201-0320-019 201-0320-024 201-0540-071

Printed Name of Owner of Record: TWIN RIVERS UNIFIED SCHOOL DISTRICT 201-0540-072

Address of Owner of Record: 5115 Dudley Blvd Meddellan, CA 95652 Phone: (916) 566-1709

Signature of Owner of Record: [Handwritten Signature]

(must be original signature)

NOT IN
45 DATABASE