



Site Plan Review Application

Date Received	<u>3/8/2021</u>
By	<u>J. Jerome</u>
Fee	<u>\$2910</u>
Case #	<u>SPR 01-21</u>
EA #	<u>03-21 03-21</u>

General Information

APPLICANT CARMEN MELO Phone 917-723-0283 Fax _____
 Mailing Address 56581 MOUNTAIN VIEW TRL Email CARMENGMELLO@GMAIL.COM
 City YUCCA VALLEY State CA Zip 92284

PERSONAL
OR
LLC

REPRESENTATIVE _____ Phone _____ Fax _____
 Mailing Address _____ Email _____
 City _____ State _____ ZIP _____

PROPERTY OWNER DAVE LEACH Phone 760-799-7232 Fax _____
 Mailing Address 7022 CHOIA AVE Email _____
 City YUCCA VALLEY State CA Zip 92284

Project Information

Project Address 57205 29 PALMS HWY #2 Assessor Parcel Number(s) 0595-723-0283
 Project Location 29 Palms OHS - Between DUMOSA AVE + JOSHUA LN.
 Project Description: CONSTRUCT RESTAURANT IN EXISTING BUILDING

Please attach any additional information that is pertinent to the application.

Town of Yucca Valley
 Community Development Department
 Planning Division
 58928 Business Center Dr
 Yucca Valley, CA 92284
 760 369-6575 Fax 760 228-0084
www.yucca-valley.org

Environmental Assessment

1. Property boundaries, dimensions and area (also attach an 8 1/2 x 11" site plan):
80' x 240' 19,200 SF .44 AC
2. Existing site zoning: C-MU 3. Existing General Plan designation: _____
4. Precisely describe the existing use and condition of the site: PAVED PARKING - UNIT IS VACANT, NEXT DOOR TO SAME PROPERTY IS A CARPET + TILE STORE
5. Existing Zoning of adjacent parcels:
North C-MU South C-MU East C-MU West C-MU
6. Existing General Plan designation of adjacent parcels:
North MU South MU East MU West MU
7. Precisely describe existing uses adjacent to the site: W = FIRE STATION
N = GROCERY OUTLET S = VACANT E = CARPET + TILE STORE
8. Describe the plant cover found on the site, including the number and type of all protected plants: NO LANDSCAPE AREAS EXISTING

Note: Explain any "Yes" or "Maybe" responses to questions below. If the information and responses are insufficient or not complete, the application may be determined incomplete and returned to the applicant.

Yes Maybe No

- | | | | |
|--------------------------|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Is the Site on filled or slopes of 15% or more or in a canyon? (A geological and/or soils Investigation report is required with this application.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Has the site been surveyed for historical, paleontological or archaeological resources? (If yes, a copy of the survey report is to accompany this application.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. Is the site within a resource area as identified in the archaeological and historical resource element? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12. Does the site contain any unique natural, ecological, or scenic resources? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. Do any drainage swales or channels border or cross the site? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 14. Has a traffic study been prepared? (If yes, a copy of the study is to accompany this application.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15. Is the site in a flood plain? (See appropriate FIRM) |

Project Description

Complete the items below as they pertain to your project. Attach a copy of any plans submitted as part of the project application and any other supplemental information that will assist in the review of the proposed project pursuant to CEQA.

1. Commercial, Industrial, or Institutional Projects:

- A. Specific type of use proposed: RESTAURANT / BAR
- B. Gross square footage by each type of use: 789 SF DINING
402 SF KITCHEN 156 SF OFFICE + LIQUOR STORAGE - 939 RESTROOMS WAITING - BACK BAR
- C. Gross square footage and number of floors of each building: _____
1 FLOOR 4208 SF TOTAL, 2286 SF THIS SPACE
- D. Estimate of employment by shift: _____
- E. Planned outdoor activities: NONE

2. Percentage of project site covered by:

50 % Paving, 24 % Building, 0 % Landscaping, _____ % Parking

3. Maximum height of structures 15 ft. _____ in.

4. Amount and type of off street parking proposed: 18 SPACES 1 ADA

5. How will drainage be accommodated? NO CHANGES TO DRAINAGE

6. Off-site construction (public or private) required to support this project: _____

N/A

7. Preliminary grading plans estimate 0 cubic yards of cut and 0 cubic yards of fill

8. Description of project phasing if applicable: N/A

9. Permits or public agency approvals required for this project: HEALTH DEPT.

ABC

10. Is this project part of a larger project previously reviewed by the Town? If yes, identify the review process and associated project title(s) NO

11. During construction, will the project: (Explain any "yes" or "maybe" responses to questions below – attach extra pages if necessary.)

Yes Maybe No

- A. Emit dust, ash, smoke, fumes or odors?
- B. Alter existing drainage patterns?
- C. Create a substantial demand for energy or water?
- D. Discharge water of poor quality?
- E. Increase noise levels on site or for adjoining areas?
- F. Generate abnormally large amounts of solid waste or litter?
- G. Use, produce, store, or dispose of potentially hazardous materials such as toxic or radioactive substances, flammable or explosives?
- H. Require unusually high demands for such services as police, fire, sewer, schools, water, public recreation, etc.
- I. Displace any residential occupants?

Owner/Applicant Authorization

Applicant/Representative: I/We have reviewed this completed application and the attached material. The information included with this application is true and correct to the best of my/our knowledge. I/We further understand that the Town may not approve the application as submitted, and may set conditions of approval. Further, I/We understand that all documents, maps, reports, etc., submitted with this application are deemed to be public records. This application does not guarantee approval or constitute a building permit application. Additional fees may be required depending on additional administrative costs.

Name CARMEN MEIIO

Signature 

Date: 4/7/21

Property Owner: I/We certify that I/We are presently the legal owner(s) of the above described property (If the undersigned is different from the legal property owner, a letter of authorization must accompany the form). Further, I/We acknowledge the filing of this application and certify that all of the above information is true and accurate. I/We understand that I/We are responsible for ensuring compliance with conditions of approval. I/We hereby authorize the Town of Yucca Valley and or/its designated agent(s) to enter onto the subject property to confirm the location of existing conditions and proposed improvements including compliance with applicable Town Code Requirements. Further, I/We understand that all documents, maps, reports, etc., submitted with this application are deemed to be public records. This application does not guarantee approval or constitute a building permit application. Additional fees may be required depending on additional administrative costs. I am hereby authorizing

_____ to act as my agent and is further authorized to sign any and all documents on my behalf.

Name DAVE LEACH

Signature 

Date: 4/7/21

Agreement to Pay All Development Application Fees

In accordance with Town Council Resolution 04-38 the Town collects certain fees based on the actual cost of providing service. The application deposit for this project (as indicated below) may not cover the total cost of processing this application. I/We are aware that if the account has 25% or less remaining prior to completion of the project, staff will notify the undersigned in writing, of the amount of additional deposit required to complete the processing of the application, based on Staff's reasonable estimate of the hours remaining to complete this application process.

Further, I understand that if I do not submit the required additional deposit to the Town within 15 business days from the date of notification by the Town, the Town will cease processing of the application and/ or not schedule the project for action by the Planning Commission or Town Council until the fees have been paid.

Any remaining deposit will be refunded to me at time of closeout after I have submitted any required approved project plans and forms, including signed conditions of approval, or upon my written request to withdraw the application.

As the applicant, I understand that I am responsible for the cost of processing this application and I agree that the actual costs incurred processing this application will be paid to the Town of Yucca Valley.

Deposit Paid: \$ 2910

Applicants Name CARMEN MELO



Applicant's Signature _____

Date: 5/7/21

(Please print)

Developer Disclosure Statement

This portion of the application must be fully completed and signed by the applicant. If not fully completed and signed, the application will be deemed incomplete.

Address of subject property: _____

Cross street: _____

Date this Disclosure Statement is completed: _____

Name of Applicant: _____

The Applicant is a:

- Limited Liability Company (LLC)
- Partnership
- Corporation
- None of the above

Information for LLC, Partnership, Corporation

Name ESCAPE NY LLC Phone 917-723-0283 Fax _____

Mailing Address 57205 29 PALMS Highway #2 Email CARMENGMELLO@GMAIL.COM

City YUCCA VALLEY State CA Zip 92284

State of Registration CALIFORNIA

Managing member(s), General Partner(s) officer(s)

Name CARMEN MELLO Phone 917-723-0283 Fax _____

Mailing Address 56581 MOUNTAIN VIEW TRL Email CARMENGMELLO@GMAIL.COM

City YUCCA VALLEY State CA Zip 92284

Attach additional sheets if necessary

Agent for Service of Process

Name _____ Phone _____ Fax _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

For Corporations, Shareholder with Fifty Percent or More Share or Controlling Shareholder

Name _____ Phone _____ Fax _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

The Party in escrow is a (if property is in escrow):

- Limited Liability Company (LLC)
- Partnership
- Corporation
- None of the above

Information for LLC, Partnership, Corporation

Name _____ Phone _____ Fax _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

State of Registration _____

Managing member(s), General Partner(s) officer(s)

Name _____ Phone _____ Fax _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

Attach additional sheets if necessary

Agent for Service of Process

Name _____ Phone _____ Fax _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

For Corporations, Shareholder with Fifty Percent or More Share or Controlling Shareholder

Name _____ Phone _____ Fax _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

For any deeds of trust or other liens on the property (other than real property tax liens) please state the following:

A. Name of beneficiary of the deed of trust or lien _____

B. Date of the deed of trust or lien. _____

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on the date and location set forth below

Signature

Print Name: _____

Title: _____

Date of signing: _____

Location: _____

Hazardous Waste and Substance Sites

Government Code Section 65962.5 requires each applicant for any development project to consult the State List of Hazardous Waste and Substance Sites. Based upon the list, the applicant/representative is required to submit a signed statement to the Town of Yucca Valley indicating whether the project is located on a site which is included on the list before the Town accepts the application as complete. If the project is listed by the State as a hazardous waste or substance site, the applicant must fully describe on the "Environmental Information Form" the nature of the hazard and the potential environmental impact. Attached is a standard statement for the applicant to sign.

The State list of Hazardous Waste and Substance Sites (which is annually updated) may be reviewed at the following web site address:

http://www.dtsc.ca.gov/SiteCleanup/Cortese_List.cfm

Attachment: Hazardous Waste Site Statement



HAZARDOUS WASTE SITE STATEMENT

I have been informed by the Town of Yucca Valley of my responsibilities, pursuant to California Government Code Section 65962.5, to notify the Town as to whether the site for which a development application has been submitted is located within an area which has been designated as the location of a hazardous waste site by the Office of Planning and Research, State of California (OPR).

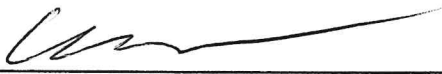
I am informed and believe that the proposed site, for which a development application has been submitted, is not within any area specified in said Section 65962.5 as a hazardous waste site.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct.



Dated: 5/7/21

CARMEN MELLO
Applicant/Representative printed name


Applicant/Representative signature