

CUP 2022-13
E 2022-12
SGN 2022-04



City of Clearlake

14050 Olympic Drive, Clearlake, California 95422
(707) 994-8201 Fax (707) 995-2653

RECEIVED

Conditional Use Permit (CUP)

MAY 11 2022

INITIAL FEES:	
Use Permit	\$750.00
Signage Permit	\$85.00
CEQA/CE	
Total Cost	\$835.00
Receipt #	
Date	5/11/22
Received By	DJ

APN 039-164-44

CITY OF CLEARLAKE

APPLICANT:

NAME: Pregnancy Counseling Center of Ukiah
MAILING ADDRESS: ADA Mendocino Women's Clinic
CITY: Ukiah
STATE: Calif ZIP: 95482
PRIMARY PHONE: () 707 463 0220
EMAIL: Cathyh@thecenterukiah.com
SIGNATURE: Cathy S Hoyt

I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application

PROPERTY OWNER (IF NOT APPLICANT):

NAME: Ed Roark
MAILING ADDRESS: 1221 Quail St
CITY: Twin Falls
STATE: ID ZIP: 83301
PRIMARY PHONE: ()
EMAIL: _____
SIGNATURE: _____

I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application

PROJECT LOCATION:

ADDRESS: 14595 Olympic Dr. Unit C
PROPERTY SIZE: 10,000 sq ft
PRESENT USE OF LAND: medical office
WATER SUPPLY: Golden State Water Co.
SEWER/SEPTIC: City
FLOOD ZONE: NO

OFFICE ONLY:

ZONING: ~~MDR~~ CTC
GENERAL PLAN: ~~MDR~~ commercial
APPROVED: _____ DATE: _____
RELATED FILES: _____
NOTES: _____

DESCRIPTION OF PROJECT:

see email dated 4-15-22

Modifications to existing medical office to suit the needs of MLWC, pregnancy screening and consultation office to become compliant with OSHPD/ADA standards and requirements.

Modifications include renovation of existing, non-compliant bathroom to create 2 ADA compliant bathrooms.

Installation of HVAC system compliant w/OSHPD standards.

Modification of doors & hallways to meet OSHPD/ADA standards and requirements.

Clinic operations include pregnancy testing, limited obstetrical ultrasound, consultation & limited material support.

we are licensed with the state of Calif. Public Health as an intermittent

free clinic,



Receipt Number: R00003436

Cashier Name: Register Operator

Terminal Number: 2

Receipt Date: 5/11/2022 5:35:38 PM

CUP 2022-13 , CE 2022-12, SGN 2022-04

Trans Code: 106 - Planning/Zoning

Name: CUP 2022-13 , CE 2022-12, SIGN 2022-04

\$835.00

Product: PLANNING/ZONING

Units: 0.00 Amount: 835.00

CUP 2022-13 , CE 2022-12, SIGN 2022-04 835.00

PLANNING/ZONING 835.00

100-414-510 -835.00

Total Balance Due: \$835.00

Payment Method: CHECK

Payor: CUP 2022-13 , CE 2022-12, Reference: CHECK # 4136

Amount: \$835.00

Total Payment Received: \$835.00

Change: \$0.00

Supplemental Data for Use Permit

Please answer the following questions as thoroughly as possible. If questions do not apply to your project, please provide an explanation of why. Use separate sheets of paper if necessary. **IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE CITY OF CLEARLAKE - PLANNING DIVISION.**

Description of objective of project and its operational characteristics:

Type of Business: Intermittent free women's Medical Clinic

Product or service provided: Women's Health Services

Hours of operation: 1230-5 Days of operation: M, W, Th

Number of shifts (normal): 1 Number of shifts (peak): 1

Employees per shift (normal): 3 Employees per shift (peak): 3

Number of deliveries per day: 1 per week Number of customer per day: 5

Number of pick-ups per day: 1 per week Lot size: 10,000 $\frac{1}{2}$ acre

Number and type of company Vehicles: ~~0~~ Type of loading facilities: ~~0~~

Floor area of existing structures: approx 2000 sq ft Proposed building floor area: same

Number of existing parking spaces: _____ Number of proposed parking spaces: same

Number of floors: _____

Additional relevant information: _____

Supplemental Data Continued)

When do you anticipate starting construction?

upon receipt of bldg permit

How long will construction take?

2-3 mos

What days/times will construction occur?

weekdays during normal working hours

What type of construction equipment will be used?

N/A

How many truck/vehicle trips will be necessary for construction?

N/A

Will equipment be idling during construction?

No

Where will construction equipment be staged/stored?

No equip storage needed

Will any trees or vegetation be removed? If yes, please provide type and amounts.

No

Supplemental Data (Continued)

How much grading is anticipated to occur and where?

N/A

Will soil be imported or exported to/from the site? If so from where and what amount?

N/A

Is trenching required? If yes, please provide location, dimensions and cubic yards.

N/A

How much water will be used for construction, operation and maintenance? What is the water source?

N/A

Describe how scenic views or vistas are impacted by the cultivation site.

N/A

What lighting is proposed for the project? Will areas be lit at night?

N/A

What type of hazardous materials may and/or will occur on site? How will the hazardous material be disposed of?

N/A

Supplemental Data for (Continued)

Will this project result in the loss of forest land? If so, describe how many acres and what type of trees.

No

How will dust, ash, smoke, fumes or odors generated by the cultivation site be managed?

N/A

Are there any water features (drainages, streams, creeks, lakes, rivers, vernal pools, wetlands, etc.) on-site or immediately adjacent to the project? If yes, will any work take place in or near them?

No

Will there be a loss of any wetland or streamside vegetation? If yes, describe where, total area, and type of vegetation lost.

No

Describe and site or buildings have any archaeological or historical significance.

No

What are the slopes on project site?

N/A - existing bldg

Supplemental Data (Continued)

Describe the soils found at the site and their potential for landslides, erosion, lateral spreading, subsidence, liquefaction, or collapse.

N/A - existing building

Describe methods to be taken to reduce greenhouse gases.

N/A

Will solid waste be produced? If yes, how will it be disposed of?

Limited Construction debris - hauled to landfill or recycled

Will hazardous waste be produced? If yes, how will it be disposed of?

No

How will vegetative waste be managed?

N/A

2

How will growth medium waste be managed?

N/A

Will any material be taken to a landfill? If yes, which one and how much material is anticipated?

Supplemental Data (Continued)

Describe risk of an explosion or release of hazardous substances in case of an accident.

None

Do portions of the cultivation site periodically flood?

No

Describe the existing drainage patterns on the site and how they may be alternated and to what degree as a result of this project.

N/A — no patterns will be altered

What Best Management Practices (BMP's) or measures will be implemented in order to prevent erosion and impacts to water quality?

N/A

Is wastewater treatment required for the project? If yes, what is the source?

No

Describe how this project is consistent with the City's General Plan and Zoning Ordinance.

The previous tenant conducted a medical clinic office. We will be the same type of business.

Describe the level and frequency of noise or vibration that will be generated from this project.

All work is interior — no vibration & little noise will be generated

Supplemental Data for Initial Study (Continued)

Describe what measures have been taken to maintain or improve level of service for the appropriate emergency services (Fire, Police, etc.).

ADA compliance upgrades will improve access

How is the site accessed?

Parking lot borders Olympic drive with access from Buckeye St.

Describe the amount of traffic the project will generate.

Minimal daytime

Are there any road improvements that would be required? If yes, please provide specs (type of materials and dimensions).

No

Describe if this project will result increased traffic hazards to motor vehicles, bicyclists, or pedestrians?

No

Are greenhouses or other accessory structures proposed? If yes, what are the dimensions of the structures and materials/colors they will be constructed out of?

No

What sources of energy will be used?

Electric - existing