

First, I would like to thank everyone who has shown support for our project. It is an affirmation that the good work we strive to do every day is making an impact and achieving its desired goal: to provide quality, affordable, addiction treatment to as many people as possible.

Pura Vida Recovery Services was founded in 2017 by Alex Wignall, David Wignall, and Ben Pahlavan. I am Alex and I am writing this letter on behalf of all three of us. David is my dad and the father of six children, three of whom have had issues with addiction. Ben is a friend I met when we were both early in recovery. I tell you these personal details to assure you that we are invested in this project. Our lives have been forever changed by our experiences with addiction and recovery. Pura Vida Recovery Services is licensed and certified by the California Department of Health Care Services and our programs are accredited by The Joint Commission on Accreditation of Healthcare Organizations.

### **What exactly will we be doing at 5761 Mountain Hawk Dr.?**

DHCS language from PVRS License:

“Operating and maintaining a non-medical adult residential alcohol and/or drug program”

City of Santa Rosa Community Care Facility Definition:

A facility, place, or building that is maintained and operated to provide non-medical residential care, which may include home finding and other services, for children and/or adults, including: the physically handicapped; mentally impaired, mentally disordered, or incompetent; developmentally disabled; court wards and dependents; neglected or emotionally disturbed children; the addicted; and the aged.

NO SOBER LIVING

NO WALK UP MEDICATION CLINIC

NO HOMELESS HOUSING

NO COUNTY, STATE, OR FEDERAL FUNDING

### **Staff Credentials**

Clinical Supervisor: PsyD - 10+ year's experience

Program Director: Certified Addiction Counselor - 10+ year's experience

Counselors: Certified and Registered Addiction Counselors – 0 to 15 year's experience

Day to Day and Overnight Staff: Medical Assistants, Trained Treatment Technicians – 0 to 5 year's experience

Nursing Supervisor/Safety Officer: Registered Nurse (On Call 24/7 in case of emergency) - 5+ year's experience

IMS Director: MD – 25+ years experience

## **What is Non Medical Residential Detox?**

Goal: Clients stop using drugs/alcohol safely.

24/hour supervision by staff.

Clients screened and physically searched upon entry, drug tested daily.

No access to personal phones or electronic devices for first 72 hours.

All meals on-site.

All activities on-site.

Exposure to addiction treatment (1 group/day and individual counseling.)

Clients do not have vehicles on-site and do not go anywhere outside their housing unit during treatment, except mild exercise under direct supervision of PV staff.

Length of stay: 3-14 days.

## **What is Non Medical Residential Treatment?**

Goal: To educate and deliver clinical programming to clients while in a safe, structured, sober environment to build a foundation for lasting recovery from drugs and alcohol.

Second step in recovery.

Clients are physically free from drugs/alcohol. Tested regularly to ensure compliance.

24/hour supervision by medical assistants, counselors, psychologists, and treatment technicians.

Meals on-site and off-site depending on schedule.

Activities and treatment on-site and off-site depending on schedule.

Clients off-site for majority of the day, from around 10:00am to 6:00pm.

Clients do not drive or go anywhere without a representative of Pura Vida Recovery Services present. Pura Vida Recovery Services provides transportation in vans.

Exposure to addiction treatment (6-8 hours/day, individual counseling, CBT, DBT, relapse prevention, recreational therapy, physical fitness, self-help meetings, spiritual practices,

seeking safety, trauma informed care, life skills, and community reintegration skills.) See schedule for details.

Length of stay: 30-90 days.

### **Discrimination and The Americans with Disabilities Act, Federal Fair Housing Act, and the California Fair Employment and Housing Act.**

As recovering addicts and alcoholics, our future clients are protected by several pieces of longstanding federal and state legislation. They are guaranteed the same rights and access to housing and services as anyone else. As their representatives we intend to make sure they have those rights and access to quality addiction treatment.

It is abundantly clear that this legislation was considered carefully by The City, and the protections codified in Federal and State law are also reflected in The City's zoning code and General Plan.

#### ***Who qualifies as a person with a disability under the Fair Housing Act?***

*The Fair Housing Act defines a person with a disability to include (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment.*

*The term "physical or mental impairment" includes, but is not limited to, diseases and conditions such as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV infection, developmental disabilities, mental illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance), and alcoholism.*

#### ***What types of land use and zoning laws or practices violate the Fair Housing Act?***

*Examples of state and local land use and zoning laws or practices that may violate the Act include:*

- Imposing restrictions on housing because of alleged public safety concerns that are based on stereotypes about the residents' or anticipated residents' membership in a protected class, by, for example, requiring a proposed development to provide additional security measures based on a belief that persons of a particular protected class are more likely to engage in criminal activity.*

- Refusing to provide reasonable accommodations to land use or zoning policies when such accommodations may be necessary to allow persons with disabilities to have an equal opportunity to use and enjoy the housing, by, for example, denying a request to*

*modify a setback requirement so an accessible sidewalk or ramp can be provided for one or more persons with mobility disabilities.*

***Does a state or local government violate the Fair Housing Act if it considers the fears or prejudices of community members when enacting or applying its zoning or land use laws respecting housing?***

*When enacting or applying zoning or land use laws, state and local governments may not act because of the fears, prejudices, stereotypes, or unsubstantiated assumptions that community members may have about current or prospective residents because of the residents' protected characteristics. Doing so violates the Act, even if the officials themselves do not personally share such bias. For example, a city may not deny zoning approval for a low-income housing development that meets all zoning and land use requirements because the development may house residents of a particular protected class or classes whose presence, the community fears, will increase crime and lower property values in the surrounding neighborhood. Similarly, a local government may not block a group home or deny a requested reasonable accommodation in response to neighbors' stereotypical fears or prejudices about persons with disabilities or a particular type of disability. Of course, a city council or zoning board is not bound by everything that is said by every person who speaks at a public hearing. It is the record as a whole that will be determinative.*

<https://www.justice.gov/opa/file/912366/download>

It also bears mentioning that in addition to issuance of the permit, members of a protected class are guaranteed a right to reasonable accommodation from any issues arising from these proceedings.

Below is our response to the major concerns relayed to us by the City from the community.

- 1. This program is located too close to a school, which is a bad thing, because addicts seeking treatment will bother the children and/or are unsafe to be around them.**

There is no restriction on proximity of community care facilities to schools anywhere in the zoning code. This accusation is baseless and based solely on stereotypes about our potential clients.

Furthermore, as a father in recovery with two young children and a third on the way I take particular offense at this suggestion. I owe my life, my family, and everything I have to a facility like the one we are proposing. I bring my young girls with me to work once a week. They love interacting with our staff and clients. Our clients are not just "drug addicts": they are loving parents, grandparents, aunts, uncles and siblings. To suggest that because our clients are seeking treatment for a diagnosable behavior health condition, they are somehow unfit to be within ½ a mile of children, is absurd.

Our current detox facility has been located directly behind an elementary school in Santa Rosa for two years. I called the principal of that elementary school and asked her if she knew that there was a 6 bed detoxification facility behind the school. She had no idea.

Our clients are supervised and absolutely safe to receive treatment within any distance of children in our community. My experience tells me you won't even notice us.

**2. This program will lead to an influx of homeless and vagrants in the area.**

Our program is structured, community oriented, safe, and a therapeutic environment.

We provide 24/hour supervision of clients.

Our program has 100% voluntary admission. No court ordered or paroled clients.

We only accept private pay and private insurance clients.

We conduct rigorous screening for mental health, general health, family dynamics, and criminal background. No sex offenders and no violent felons.

**3. This project will negatively impact the community.**

On the contrary. Pura Vida provides a much needed service to individuals struggling with substance abuse. There is currently one other private residential recovery program and no existing private detoxification facility in the City of Santa Rosa, and the addiction rate continues to rise. As a result many clients who need detoxification services end burdening emergency department capacity as well as local hospital and healthcare staff, or worse, unable to find the help they need before it is too late.

**4. The proposed building is unsuitable for housing such a facility.**

The area we propose to use for detoxification and residential treatment is actually perfect for such a facility.

It is located above businesses we will have no impact on.

It is in a commercially zoned island separated from residential homes by a substantial distance.

The housing units themselves offer a level of comfort and space that most treatment centers would envy.

The use is consistent with the zoning code and the general plan (Small community care facilities allowed by right).

The facility is not directly in a residential neighborhood and will not affect parking, traffic, or any other aspect of the Skyhawk Community.

The Planning and Economic Development Department has recommended issuance of our permit.

**5. The addition of this facility would negatively affect safe egress during a fire emergency.**

The number of clients in the building will be similar to the number of residential tenants living in the building when we purchased it. 24 vs. 22.

In the event of an emergency our staff would follow our in-depth emergency management plan. This includes evacuation of all clients in vans.

We have attached a trip generation study, completed by a licensed engineering firm, showing a negligible impact of traffic.

**6. Pura Vida is not licensed or accredited by the state.**

False. Pura Vida Recovery Services is licensed and certified by the California Department of Health Care Services and accredited by The Joint Commission on Accreditation of Healthcare Organizations.

**7. What is the program's success rate?**

Any addiction treatment center that advertises a success rate is lying to you. If there was a treatment modality with a 90% success rate we would hardly need treatment centers at all. Unfortunately, addiction is one of the most deadly and challenging diseases to treat. Attempts to determine a success rate are confounded by multiple factors. Those who "succeed" end up with jobs, families, and full lives with little time for stopping by their old treatment center to let you know they are still sober. Those who end up relapsing are more likely to show up again needing help.

Additionally, there is the question of how to define success. Does everyone who comes to treatment need to stay sober from all substances for the rest of their lives? Does an opiate addict need to never drink a beer again? Does an alcoholic who stops drinking need to refuse pain medication after a surgery?

Pura Vida does follow up with clients to gain insight into our program and get better, but we do not attempt to aggregate a success or failure rate for the reasons described above.

**8. What type of person goes to Pura Vida for treatment?**

Pura Vida is licensed to provide addiction treatment to anyone who's primary diagnosis is substance use disorder.

We can also help treat clients with secondary behavioral health diagnosis such as bipolar, depression, or anxiety in certain cases.

We carefully screen every new applicant to ensure that our staff and program has the tools needed to treat the individual. If we do not have those tools, we make a referral to the appropriate level of care.

Clients either pay cash or use their private insurance for our services.

Our mission has always been to be affordable. Our program provides the highest quality treatment for a fraction of the cost of similar treatment centers in the area. In order to be accessible to as many clients as possible Pura Vida has partnered with community members to provide nearly \$200,000 in scholarships to our program over the past two years.

**9. The proposed project will have a negative effect on the businesses currently located at 5761 Mountain Hawk and negatively affect home values in the area.**

Our current location in Santa Rosa has had the opposite effect on our neighbors. Our clients and staff have become regular customers with neighboring businesses. Pura Vida has even partnered with some of these neighbors to provide routine services for our clients. We have submitted letters of support from these neighbors which affirm these statements. There have never been any issues with vandalism, crime, or any other nuisance.

There is no evidence to suggest that an addiction treatment center negatively affects property values in the surrounding area.

**10. Why would an addiction treatment center want to be located next to a bar or establishments that sell alcohol?**

Our current location was located directly next to a bar and restaurant for 4 years. We have never had a single issue with a client going to get a drink or relapsing there. But we have had several people from the bar wander over to ask us about quitting drinking.

**11. There is not enough parking on site.**

The application we have submitted is requesting 24 community care beds and one accessory office. Based on the zoning code, section 20-36.040 Number of parking spaces required. (qcode.us), we are required to provide 9 spaces. Our plan provides for far more spaces than this. (See attached map)

I hope that we can move forward with support from the entire community. We will continue to work tirelessly to make sure anyone who needs our help can get it.



References and Documents  
State License



**State of California**  
Department of Health Care Services  
**License**

*In accordance with applicable provisions of the Health and Safety Code of California and its rules and regulations, the Department of Health Care Services (DHCS) hereby licenses and certifies:*

**PURA VIDA RECOVERY SERVICES, LLC**

*to operate and maintain a non-medical adult residential alcohol and/or drug program using the following name and location:*

**PURA VIDA RECOVERY SERVICES  
721 LINK LANE  
SANTA ROSA, CALIFORNIA 95401**

*This license extends to the following services:*

**DETOXIFICATION, INCIDENTAL MEDICAL SERVICES,  
RECOVERY AND TREATMENT SERVICES**

**DHCS Provisional Level of Care Designations**

- 3.1 Clinically Managed Low-Intensity Residential Services
- 3.2 Clinically Managed Residential Withdrawal Management
- 3.3 Clinically Managed Population-Specific High-Intensity Residential Services
- 3.5 Clinically Managed High-Intensity Residential Services  
(Effective 07/29/2022 for Levels 3.3 & 3.5)

*Limitations or conditions are listed as follows:*

*Treatment/Recovery Capacity: 6  
Total Occupancy for location is limited to: 6*

**MALES AND FEMALES**

**License Number: 490041BP**

**Effective Date: 07/15/2021  
Expiration Date: 07/31/2023**



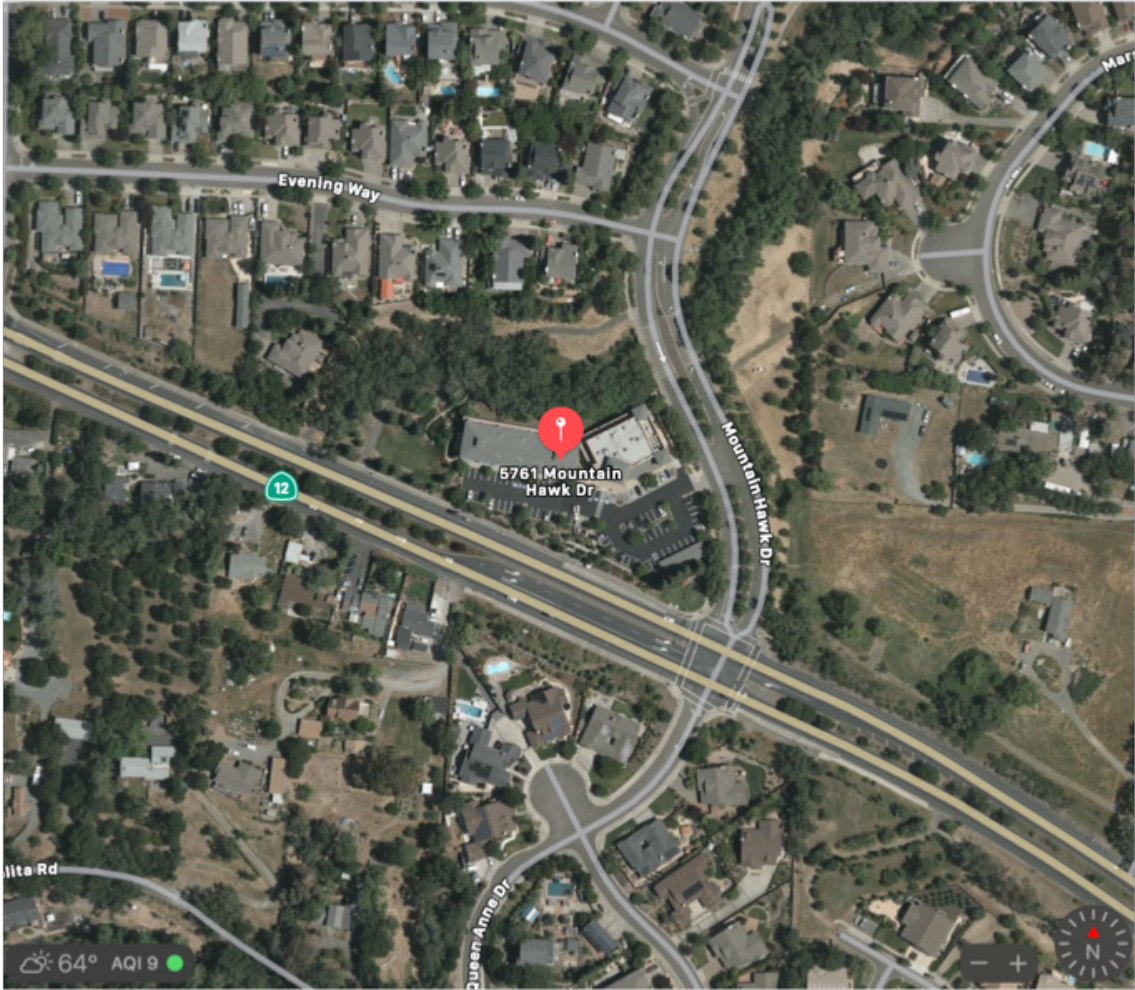
  
for  
**JANELLE ITO-ORILLE, Division Chief**

Complaints regarding services provided in this facility should be directed to:  
Licensing and Certification Division  
Complaint Coordinator – Complaints Section, MS 2601  
Post Office Box 997413, Sacramento, California 95899-7413  
PHONE: (877) 685-8333 / (916) 322-2911 – FAX: (916) 440-6094 – E-mail: [SUDComplaints@dhcs.ca.gov](mailto:SUDComplaints@dhcs.ca.gov)

**Post in a prominent location. This License is not transferable.**



# Neighborhood Context Map



## Parcel Detail Map

### City of Santa Rosa Parcel Report

153-180-029

7/21/2022 1:54:40 PM

#### County Assessor Information

---

**Address:** 5761 MOUNTAIN HAWK DR  
SANTA ROSA, CA 95409

**Land Use:** STORE W/RES UNIT OR UNITS

**Tax Area:** 004009

**Jurisdiction:** SANTA ROSA

**Recording#:** 2005R176376

**Rec Date:** 11/29/2005

**Lot Acres:** 1.21

**Land Value:** \$1,618,280

**Bldg Value:** \$2,177,723

**Bldg Sqft:** 16,581

**Built:** 2006

**Res Units:**

**Bedrooms:** 0

**Bathrooms:** 0

**Com Units:** 14



#### Santa Rosa Only Information

---

**General Plan:** Very Low Residential

**Area Plan:**

**Zoning Code:** CN-SR

**Identifier:**

**Planned Dev:**

**Historic Dist:**

**Fault km:** 10

**Wind Zone:** Exposure B

**Fire Zone:** Yes

**Park Fee:** Service Area No. 3 - Northeast

**Fire District:** 6

#### GIS Calculated Information

---

**Lot Acres:** 1.21

**Latitude:** 38.463062

**Longitude:** -122.644082

**Census Tract:** 152601

**Census Block:** 4012

**Street Sweep:** 4th Monday

**Elem School:** AUSTIN CREEK

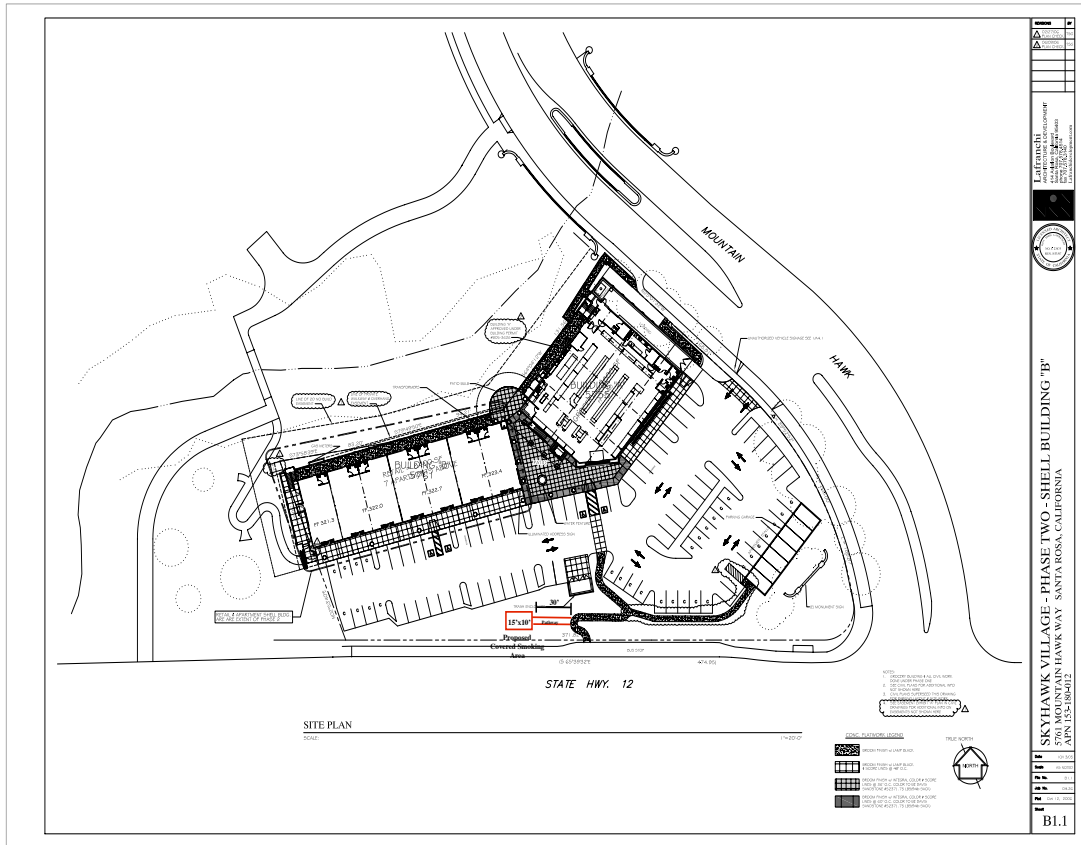
---

This report is a user generated static output from an Internet mapping site and is for reference only. Data that appear on this report may or may not be accurate, current, or otherwise reliable. GIS Calculated Lot Acres is NOT official. Assessor Data is maintained by Sonoma County.

# Parking Map

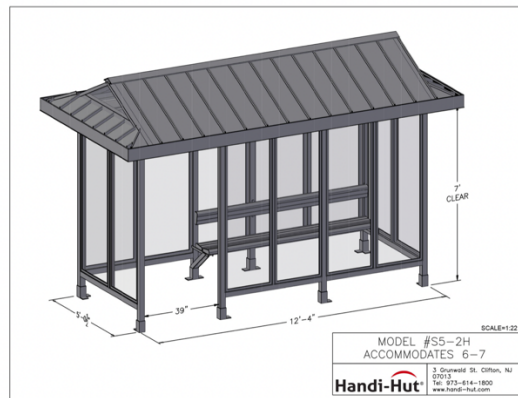


# Proposed Smoking Area



Proposed Structure Design or similar pending design review with City

## S5 Series - Historical



Model 5-2

# Sonoma County Opioid Crisis

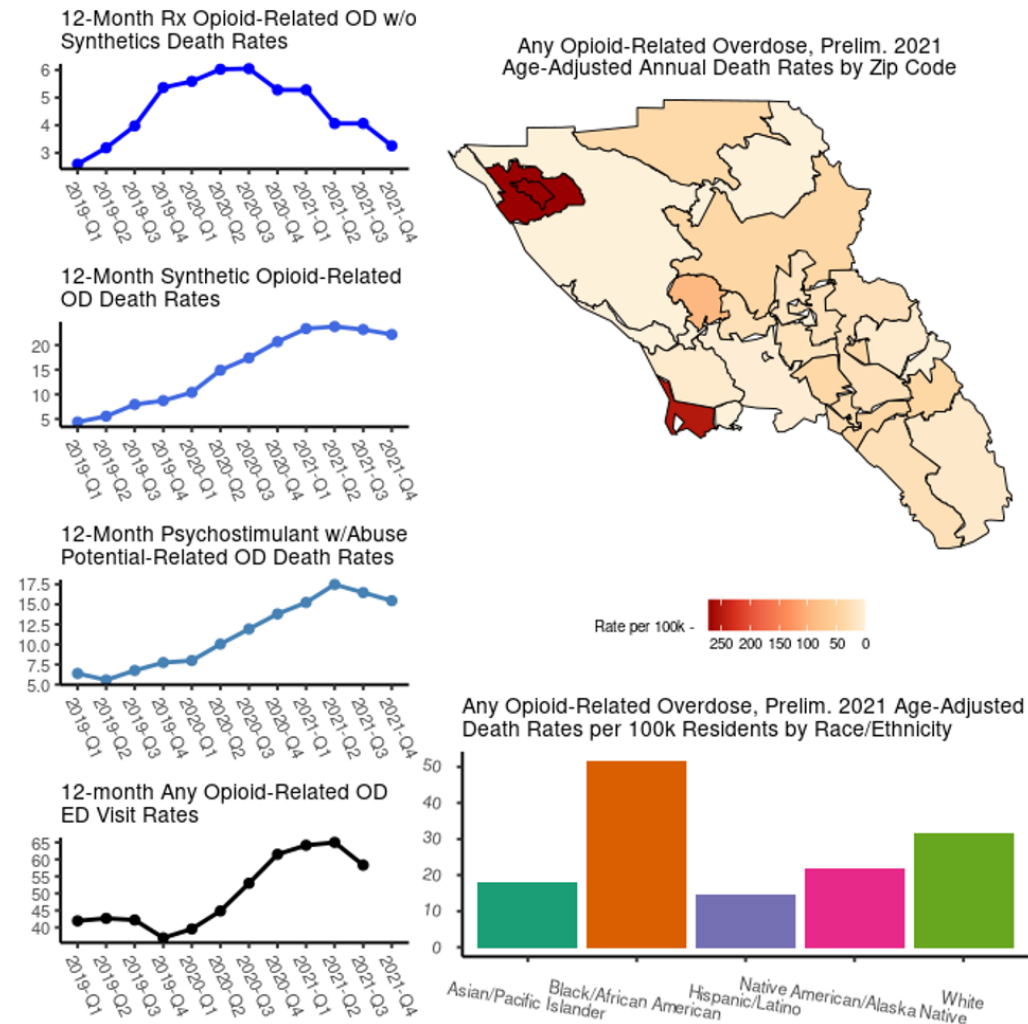
Overdose Prevention Initiative



## Sonoma Opioid Overdose Snapshot: 2019-Q1 through 2021-Q4

Report downloaded 10-18-2022

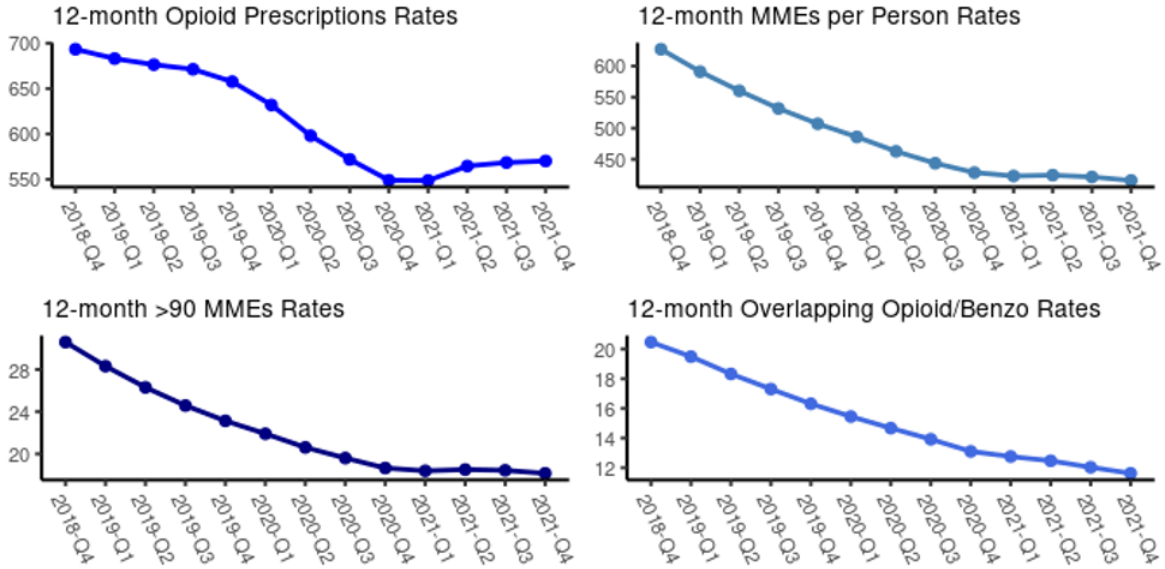
Sonoma experienced 122 opioid-related overdose deaths in 2021, the most recent full year of data available (preliminary death data - rates/counts may change). The annual crude mortality rate for 2021 was 24.8 per 100k residents, an increase of 92% from 2019. The following charts present 12-month rates for selected overdose indicators\* (visit the CA Overdose Surveillance Dashboard Data Definitions page for indicator details). The map displays the annual age-adjusted rates for Any Opioid-Related overdose deaths by zip code. Synthetic opioid overdose deaths may be largely related to fentanyl.



Footnotes: \*data for most recent year may be preliminary.  
 12-month rates are based on moving averages; OD = Overdose  
 Report produced by the California Overdose Surveillance Dashboard: <https://cdph.ca.gov/opioidashboard/>

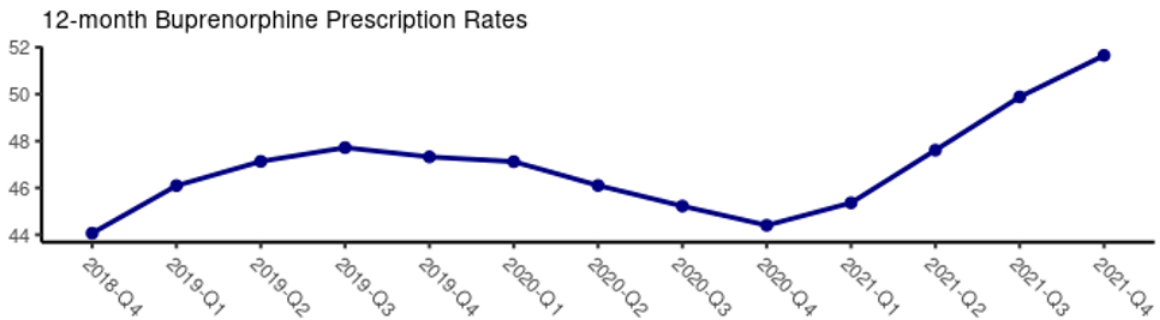
### Prescribing

There were 270,435 prescriptions for opioids (excluding buprenorphine) in Sonoma in 2021. The annual crude opioid prescribing rate for 2021 was 568.42 per 1,000 residents. This represents a 15% decrease in prescribing from 2019. The following charts present 12-month moving averages for crude opioid prescribing rates, the crude rate of MMEs (morphine milligram equivalents) per person, the crude high dosage rate (i.e. greater than 90 Daily MMEs in the quarter), and the crude opioid/benzodiazepine overlap crude rate from 2019 to 2021.



### Treatment

Buprenorphine prescriptions in the county are used to gauge the expansion of Medications for Opioid use Disorder (MOUD). The annual crude buprenorphine prescribing rate for 2021 was 49.88 per 1,000 residents. This represents a 5% increase in buprenorphine prescribing from 2019.



7.

Footnotes: \*data for most recent year may be preliminary.  
 12-month rates are based on moving averages; OD = Overdose  
 Report produced by the California Overdose Surveillance Dashboard: <https://cdph.ca.gov/opioiddashboard/>



## Incidental Medical Services

Pura Vida Recovery Services Detoxification and Withdrawal Management program provides a secure environment tailored to the client's individual needs. Pura Vida Recovery Services promotes a healthy, safe, and structured environment that focuses on helping the client recover and live a lifetime of sobriety. Pura Vida Recovery Services is dedicated to helping clients get the most out of their experience as they develop new skills for sobriety and healthy living that will last a lifetime.

Pura Vida Recovery Services is designed to serve adults over the age of 18 with alcohol and drug related problems. The detoxification program is built as a residential detoxification treatment model with significant social model features. The program **does not provide medically monitored inpatient detoxification services** but does provide incidental medical services (IMS).

The IMS program includes the following categories:

1. Obtaining medical histories.
2. Monitoring health status to determine whether the health status warrants transfer of the client in order to receive urgent or emergent care.
3. Testing associated with detoxification from alcohol or drugs.
4. Providing alcoholism or drug abuse recovery or treatment services.
5. Over-seeing client self-administered medications.
6. Treating substance use disorders, including detoxification.

Our detoxification program includes IMS, individual counseling, group sessions, and participation in educational sessions, based on the capability of the client to participate.

An assessment will be done by an approved IMS physician to determine the level of detoxification needed. The program will not admit clients whose withdrawal signs and symptoms are sufficiently severe to require medical and nursing care services. An alcohol and drug free environment is maintained at all times.

## General Plan

**H-A**      ***Meet the housing needs of all Santa Rosa residents.***

H-A-1      Ensure adequate sites are available for development of a variety of housing types for all income levels, throughout the City, such as single- and multifamily units, mobile homes, transitional housing, and homeless shelters.

Time Frame: Ongoing, review annually

Entity: Department of Community Development

### ***Housing for Persons with Disabilities***

In Santa Rosa, community care facilities are allowed in all residential and commercial land use designations and zoning districts, with the exception of the Motor Vehicle Sales District.

Facilities of six or fewer persons are allowed by right since they are considered a single-family use. Facilities of seven or more require review of a Minor Use Permit by the City.

The City adopted a Reasonable Accommodation Ordinance in 2002, providing persons with disabilities a procedure to seek equal access to housing under the federal Fair Housing Act and the California Fair Employment and Housing Act in the application of zoning laws and other land use regulations. The procedures are included in the Zoning Code, and they allow for modification or exception to the standards for siting, development, and use of housing which would eliminate regulatory barriers and provide disabled persons with equal housing opportunities.

#### H-D-1 through H-D-4

Many disabled persons in Santa Rosa live in community care facilities or group homes, occupied by a small number of residents who live together and receive care from a live-in caretaker. Group homes are designed to accommodate a particular group such as the elderly, mentally ill, physically disabled persons, or alcohol- or drug-addicted persons. Room and board may include assistance with the activities of daily living, nursing services, and/or counseling, depending on the general nature of the residence.

Policies H-D-1 through H-D-4 describe efforts the City will take to address the housing needs of persons and households with disabilities. The City will continue to provide funding and support for developments and services that serve disabled households (Policy H-D-1), evaluate issues of “visitability” (Policy H-D-3), and consider the incorporation of universal design features in residential design (Policy H-D-4).

**H-E Promote equal access to housing.**

H-E-1 Eliminate discrimination in housing opportunities in Santa Rosa and ensure that access to housing will not be denied on the basis of race, ethnic or national origin, religion, marital status, sexual orientation, age, or disability. As an exception, mobile home parks and other developments designed specifically for seniors or the disabled will be permitted to exclude children as permanent residents.

Time Frame: Ongoing

Entity: Department of Economic Development and Housing

**4-1 VISION**

---

A diversity of housing options is available to Santa Rosans in 2035—a variety of housing sizes and types, such as single-family, townhomes, and multifamily units—in different parts of the city at varied prices. Adequate housing is available to very low- and low-income families as well as to those in need of group housing facilities, such as seniors and persons of extremely low income. Existing affordable units have been maintained below market rate, and construction of new affordable housing has occurred throughout the city.



*Santa Rosa seeks to provide housing in a variety of sizes and styles, affordable to residents a wide range of income levels. Colgan Meadows, located in southwest Santa Rosa, is pictured above.*

Local and regional programs support the city’s residents in locating, purchasing, and maintaining their homes. Santa Rosa’s homeless population and others with special housing needs, including seniors, disabled persons, single parents, and farmworkers, are provided for within the local housing supply. Nonprofit housing developers work cooperatively with the City to find appropriate sites for affordable and special needs units in areas of the city that offer transportation alternatives, child care, shopping, and daily services.

H-D-10 Explore new models for providing temporary housing solutions in response to emerging needs and emergency situations. Support innovative pilot programs and initiatives.

Time Frame: Ongoing

Entities: Departments of Community Development and Economic Development and Housing

# Traffic Study

November 14, 2022

Mr. Alex Wignall  
 Pura Vida Recovery Services  
 130 Stony Point Road, Suite J  
 Santa Rosa, CA 95401

## Trip Generation Assessment for the Proposed 5761 Mountain Hawk Road Care Facility

Dear Mr. Wignall;

As requested, W-Trans has prepared a trip generation assessment for the proposed 24-bed care facility to be located at 5761 Mountain Hawk Road in the City of Santa Rosa. It is understood that the proposed project would be located within an existing building, converting space that is currently occupied by seven two-bedroom apartments. The onsite residents receiving care would not drive. The facility would be staffed 24 hours per day by six to eight staff during each of three shifts.

The anticipated trip generation for the proposed project was estimated using standard rates published by the Institute of Transportation Engineers (ITE) in *Trip Generation Manual*, 10<sup>th</sup> Edition, 2017 for "Assisted Living" (ITE LU #254). These rates were determined to best capture the potential auto travel characteristics associated with the project since they reflect facilities that house a non-driving population and are staffed 24 hours per day. Because the project would be located in space that is currently occupied by seven apartment units, the trip generation potential of those units was also considered. Trip rates for a "Multifamily Housing (Low-Rise) Not Close to Rail Transit" land use (ITE LU #220) were applied to estimate the trips that would be removed from the existing apartments.

The expected trip generation potential for the proposed project is indicated in Table 1, with deductions taken for trips made to and from the existing apartment units, which will cease upon completion of the project. The proposed project is expected to generate an average of 62 trips per day, including four trips during the a.m. peak hour and six during the p.m. peak hour. After deductions are taken into account, the project would be expected to generate 15 new trips on a daily basis, including one during the morning peak hour and two during the evening peak hour; these new trips represent the net increase in traffic associated with the project compared to existing volumes.

Land Use	Units	Daily		AM Peak Hour				PM Peak Hour			
		Rate	Trips	Rate	Trips	In	Out	Rate	Trips	In	Out
<b>Existing</b>											
Apartments	-7 du	6.74	-47	0.40	-3	-1	-2	0.51	-4	-2	-2
<b>Proposed</b>											
Care Facility	24 beds	2.60	62	0.18	4	3	1	0.24	6	2	4
<b>Total</b>			<b>15</b>		<b>1</b>	<b>2</b>	<b>-1</b>		<b>2</b>	<b>0</b>	<b>2</b>

Note: du = dwelling unit

The single added a.m. peak hour trip and two added p.m. peak hour trips estimated to be added by the proposed project would have an imperceptible effect on traffic operation and would be expected to result in no adverse transportation effects. The publication *Guidance for the Preparation of Traffic Operational Analysis*, City of Santa Rosa Transportation and Public Works Department, July 2019, indicates that operational analyses are required for

## Overcrowding and Uniform Building Code

Uniform Housing Code (section 503.2)

Required Minimum Floor Areas of Rooms. The Uniform Housing Code (section 503.2) requires that a dwelling unit have at least one room which is not less than 120 square feet in area. Other habitable rooms, except kitchens, are **required** to have a floor area of not less than 70 square feet.

Minimum Floor Areas for Sleeping Purposes. The Uniform Housing Code (section 503.2) further states that where more than two persons occupy a room used for sleeping purposes, the **required** floor area shall be increased at the rate of 50 square feet for each occupant in excess of two. It should be noted there is nothing in the Housing Code that prevents people from sleeping in the living or dining rooms, as long as these rooms have an openable window or door meeting all the provisions of the California Building Code for emergency egress.

### Example Calculations:

Using the above information, the following example calculations will indicate the maximum number of persons that may sleep in a dwelling unit of various sizes. All dwelling units require a kitchen and at least one bathroom.

*A one-bedroom apartment with a combination living/dining room area:*

- Where the bedroom is at least 120 square feet in area (70 plus 50 square feet), three people could sleep there.
- Where the living/dining area is at least 170 square (120 plus 50 square feet) three persons could sleep there.

Thus, a total of 6 people can legally sleep in a one-bedroom apartment with the above minimum room sizes.

*A two-bedroom apartment with a combination living/dining room area:*

- Where the bedrooms are at least 120 square feet three people could sleep in each bedroom (70 square feet for two people plus 50 square feet for the third person).
- Where the living/dining area is at least 170 square feet three people could sleep there. (120 square feet for two people plus 50 square feet for the third person).

Thus, a total of 9 people can legally sleep in a two-bedroom apartment with the above minimum room sizes.

## Conditions

### PLANNING DIVISION:

1. Sufficient parking shall be accommodated and maintained on site for staff and client drop-off/pickup.
2. Staff shall be available on site 24 hours a day, which shall include no less than three staff members on site for overnight shifts and no less than six staff members on site during daytime hours, when clients are onsite. While residential clients are off site Pura Vida will maintain a client to staff ratio of 6 to 1 at minimum.
3. The applicant shall establish a 24-hour hotline for neighbors or visitors to call in the event of complaint or concern, which shall be posted on site in a location visible to the general public.
4. The number of people at the designated smoking area at any given time shall be limited to five, which includes a maximum of four clients and a minimum of one facility staff member.
5. Clients of the program shall be supervised at all times by program staff when outside of the facility.
6. Clients of the program shall be sober while in the treatment program, excluding the initial detoxification phase. Clients shall be tested for drugs regularly and alcohol daily. Any clients not meeting the sober requirements will be assessed and an appropriate plan of action will be taken including but not limited to, discharge from the program, clinical intervention, or referral to an outside facility.
7. A building permit is required for all on site demolition, construction, and/or change of use.
8. Construction hours shall be limited to 7:00 a.m. to 7:00 p.m. Monday through Friday and 8:00 a.m. to 6:00 p.m. Saturdays. No construction is permitted on Sundays and holidays.

9. Comply with all applicable federal, state, and local codes. Failure to comply may result in issuance of a citation and/or revocation of approval.
10. Comply with the latest adopted ordinances, resolutions, policies, and fees adopted by the City Council at the time of building permit review and approval.
11. No exterior signs are approved with this permit. A separate sign permit is required.
12. Any exterior changes (including construction of a designated smoking area) are subject to the design review process before obtaining a building permit.
13. As required by Zoning Code Section 20-42.060(D)(2), the facility shall comply with all applicable building and fire code provisions adopted by the State and administered by the City Fire Marshal, and California Department of Social Services licensing requirements.
14. The applicant, and all clients and visitors of the community care facility, shall comply with the City's Municipal Code Chapter 9-20, Smoking Regulations.