

UNIVERSAL PLANNING APPLICATION



(Form 1 of 5)

Planning Entitlement Applications are filed with the Planning Division at the Planning and Economic Development Department. Only applications with all required submittal items for each corresponding checklist will be accepted. Applicants should contact the Planning Division regarding any questions with the checklist requirements prior to submitting an application. Email any questions to the Planning helpline at planning@srcity.org, or call 707-543-3200. You may also visit our website at srcity.org/ped for additional information and forms. Please review the Planning Review Times and Process document linked here.

Project Site Information:			
Project Name: Pura Vida Recovery Service	ces		
Zoning: CN-SR			
General Plan Designation: Very Low Re	sidential		
Site Address(es): 5761 Mountain Hawk D	r. Santa Rosa, CA 95409		
Assessor's Parcel Number(s): 143-180-	029		
Applicant Information:			
Contact Name/Organization: Alex Wignal	l - Pura Vida Recovery Services		
Mailing Address: 130 Stony Point Rd. Sui	ie J,		
City: Santa Rosa	State: ^{CA}	Zip:	
Phone: 707-968-1555	Alternate Phone:		
Email Address: alex@pvrecovery.com			
Application Representative Informatio		ll be the primary contact):	
Contact Name/Organization:			
Mailing Address:			
City:	State:	Zip:	
Email Address:			
Due would a Course of Information & Due would	Owner Cignotone Descriped Below		
<u>Property Owner Information:</u> *Propert Contact Name:Alex Wignall	y Owner Signature Required Below		
Mailing Address: 130 Stony Point Rd. Sui	te J		
City:Santa Rosa	State-CA	Zip:	
Phone:707-968-1555	Alternate Phone:	Σιρ	
Email Address:alex@pvrecovery.com			_
PROPERTY OWNER'S CONSENT - I de	eclare 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 a	all of the submitted information is true an	ıd
•	•	representation of submitted data may	
invalidate any approval of this applica	ation		

PROPERTY OWNER'S SIGNATURE

Revised 7/2020

Project Description: Please provide a brief description of the proposed project below. A more detailed narrative may be required along with the application materials. 24 bed community care facility utilizing the seven (7) two bedroom apartments on the second floor of the building (Units 201-207) Please check each relevant application box below: ☐ Public Convenience or Necessity ☐ Annexation Prezoning Conditional Use Permit ☐ Public Information Services ☐ Zoning Verification ☐ Subdivision Status ☑ Minor □ Major ☐ Rezoning ☐ Map ☐ Text Density Bonus Design Review ☐ Sign ☐ Concept ☐ Minor ☐ Reduced Review Authority ☐ Major ☐ Permit ☐ Permit - Temporary ☐ Program ☐ Variance ☐ Temporary Use Permit ☐ Entitlement Extension ☐ Tentative Map ☐ General or Specific Plan Amendment □ Text □ Diagram ☐ Minor ☐ Major ☐ Hillside Development Permit ☐ Tree Removal ■ Minor ■ Major ☐ Utility Certificate ☐ Home Occupation ☐ Vacation of Easement or Right of Way ☐ Landmark Alteration Permit ☐ Waiver of Parcel Map □Concept □Minor □Major ☐ Zoning Clearance ☐ Landmark Designation ☐ Modification of Final Map/Parcel Map

☐ Neighborhood Meeting