



APPLICATION
CONDITIONAL USE
PERMIT

Please Type or Print

File #: **PRJ18-082**
Related Files: **CU18-146**
DR18-072 **PRAP18-114**
Set:
Department Use Only

www.srcity.org

☒ MAJOR

☐ MINOR

☐ TEMPORARY

GENERAL INFORMATION	LOCATION OF PROJECT (ADDRESS) 3192 Juniper Avenue, Santa Rosa	ASSESSOR'S PARCEL NUMBER(S) 134-072-004	EXISTING ZONING General Industrial (IG)	
	NAME OF PROPOSED PROJECT Good Onward, Inc. Cannabis Processing		GENERAL PLAN DESIGNATION General Industry	
	APPLICANT NAME Tim Shannon	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> FAX 707-799-3929	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	
	APPLICANT ADDRESS 525 College Avenue, Santa Rosa, CA 95404	STATE ZIP	EMAIL tim@s-m-c.co	
	APPLICANT REPRESENTATIVE Steven Arago	<input checked="" type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX 707-318-2348	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	
	APPLICANT REPRESENTATIVE ADDRESS 1350 Treat Boulevard, #380, Walnut Creek, CA 94597	STATE ZIP	EMAIL sarago@fcs-intl.com	
PROPERTY OWNER INFORMATION	PROPERTY OWNER NAME (SIGNATURE REQUIRED BELOW) Tim Shannon	<input checked="" type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX 707-799-3929	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	
	PROPERTY OWNER ADDRESS 3192 Juniper Avenue, Santa Rosa, CA 95407	STATE ZIP	EMAIL tim@s-m-c.co	
	PROJECT/BUSINESS DESCRIPTION – (Attach separate sheet if necessary.)			
	See attached memo for Project and Business Description.			
	SIZE OF PARCEL 89,150 SQ FT or 2.05 ACRES			
	GROSS SQ FT OF PROPOSED USE 89,150			
PRIOR USE Construction storage/staging yard.				
PROJECT DESCRIPTION	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OFFICE <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER (Please describe)			
	<input type="checkbox"/> EXISTING BUILDING/REOCCUPANCY <input type="checkbox"/> NEW CONSTRUCTION			
	LIST EXISTING TENANTS			
	# UNITS TOTAL:	# BUILDINGS: 5 existing, 1 new	MAX EMPLOYEES/SHIFT:	
	# BEDROOMS PER UNIT:	TOTAL SQ. FT.: 19,964 sf	# SEATS/CAPACITY:	
	# PARKING SPACES:	SQ. FT. OCCUPIED: 4,964 sf	# PARKING SPACES:	
	TYPE OF UNIT:	SQ FT EACH BUILDING (Please list):	% LOT COVERAGE:	
	<input type="checkbox"/> SINGLE FAMILY DETACHED		DAYS/HOURS OF OPERATION:	
	<input type="checkbox"/> SINGLE FAMILY ATTACHED			
	<input type="checkbox"/> SECOND UNIT <input type="checkbox"/> MULTI-FAMILY			
<input type="checkbox"/> DUPLEX <input type="checkbox"/> MOBILE HOME				
% LOT COVERAGE				
SUBMITTAL INFORMATION – THESE ITEMS MUST BE SUBMITTED FOR A COMPLETE APPLICATION UNLESS INITIALED BY A CITY PLANNER				
Plan <u>MUST</u> either be reduced to 11 X 17 or folded to 8 1/2 X 14				
10 Copies of SITE PLAN showing all dimensions.		DISCLOSURE FORM		
10 Copies of FLOOR PLANS		VICINITY MAP WITH NORTH ARROW		
10 Copies of NEIGHBORHOOD CONTEXT MAP		INDEMNIFICATION FORM (Back of sheet)		
ADDITIONAL SUBMITTAL INFORMATION – THESE ITEMS MAY BE REQUIRED FOR A COMPLETE APPLICATION				
10 Copies of DIMENSIONED ELEVATIONS (New construction only)		ENVIRONMENTAL ASSESSMENT (New construction only)		
10 Copies of SITE ANALYSIS MAP (New construction only)		Completed STORMWATER DETERMINATION WORKSHEET		
10 Copies of LANDSCAPE PLANS (New construction only)				
Completed ABC APPLICATION WORKSHEET 23958.4 B & P (For sales of alcoholic beverages)				
PROPERTY OWNER'S CONSENT – 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'S SIGNATURE				
DEPT	APPLICATION	RECEIVED BY T Selge	DATE 10-29-18	FEE RECEIVED \$ 11,745.00
	PUBLIC HEARING	PC	DATE "	FEE RECEIVED \$ 2,246
	ENVIRONMENTAL REVIEW	<input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT	DATE "	FEE RECEIVED \$ 4,148

CONDITIONAL USE PERMIT

04/19/2016



APPLICATION
DESIGN REVIEW

Please Print or Type

☐ ZONING ADMINISTRATOR (ZA) ☐ DESIGN REVIEW BOARD

PRJ18-082
File # DR18-072 Quad
Related Files:
CUP18-146
Department Use Only

LOCATION OF PROJECT (ADDRESS) 3192 Juniper Avenue, Santa Rosa, CA		ASSESSOR'S PARCEL NUMBER(S) 134-072-004		EXISTING ZONING General Industrial (IG)	
NAME OF PROPOSED PROJECT Good Onward Cannabis Processing				GENERAL PLAN DESIGNATION General Industry	
APPLICANT NAME Tim Shannon		<input checked="" type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX 707-799-3929		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	
APPLICANT ADDRESS 525 College Avenue, Santa Rosa, CA 95494		CITY STATE ZIP		EMAIL tim@s-m-c.co	
APPLICANT REPRESENTATIVE Steven Arago		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX 707-318-2348		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	
APPLICANT REPRESENTATIVE ADDRESS 1350 Treat Boulevard, #380, Walnut Creek, CA 94597		CITY STATE ZIP		EMAIL sarago@fcs-intl.com	
ARCHITECT OR DESIGNER NAME (SIGNATURE REQUIRED ON EXHIBIT A) Peter Stanley, ArchiLogix		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> FAX 707-636-0646 x402		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX ps@archilogix.com	
ARCHITECT OR DESIGNER ADDRESS 50 Santa Rosa Avenue, Santa Rosa, CA 95404		CITY STATE ZIP		EMAIL	
PROPERTY OWNER NAME (SIGNATURE REQUIRED BELOW) Tim Shannon		<input checked="" type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX 707-799-3929		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	
PROPERTY OWNER ADDRESS 3192 Juniper Venue, Santa Rosa, CA 95407		CITY STATE ZIP		EMAIL tim@s-m-c.co	
PROJECT/BUSINESS DESCRIPTION – Describe in detail your proposed project – attach a separate sheet if necessary Please see attached Project/Business Description.					
SIZE OF PARCEL 89,150		SQ FT or 2.05 ACRES		EXISTING USE storage/staging yard PROPOSED USE Cannabis operation	
<input type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> OFFICE <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER (Please describe)			
<input type="checkbox"/> EXISTING BUILDING/REOCCUPANCY		<input checked="" type="checkbox"/> EXISTING BUILDING/REOCCUPANCY		EXISTING PROPOSED LIST EXISTING TENANTS	
<input type="checkbox"/> NEW CONSTRUCTION		<input checked="" type="checkbox"/> NEW CONSTRUCTION		ADDITION	
# UNITS TOTAL % LOT COVERAGE		# BUILDINGS:		USE SQ. FT.	
# BEDROOMS PER UNIT:		TOTAL SQ. FT.:		4964 sf 15,000 sf	
# PARKING SPACES:		# PARKING SPACES:		23	
TYPE OF UNIT:		# SEATS/CAPACITY:			
<input type="checkbox"/> SINGLE FAMILY DETACHED		% LOT COVERAGE:			
<input type="checkbox"/> SINGLE FAMILY ATTACHED		SQ. FT. EACH BUILDING (PLEASE LIST):			
<input type="checkbox"/> SECOND UNIT <input type="checkbox"/> MULTIFAMILY					
<input type="checkbox"/> DUPLEX <input type="checkbox"/> MOBILE HOME					
SUBMITTAL INFORMATION – THESE ITEMS MUST BE SUBMITTED FOR A COMPLETE APPLICATION UNLESS INITIALED BY A CITY PLANNER					
10 Copies of SITE PLAN showing all dimensions*			VICINITY MAP with north arrow		
10 Copies of FULLY DIMENSIONED EXISTING AND PROPOSED ELEVATIONS AND LANDSCAPE PLANS* (Photos may suffice for existing elevations) 9-11 X 17 and 1-full size					
DISCLOSURE			INDEMNIFICATION (BACK OF THIS SHEET)		
10 Copies of FLOOR PLANS* 9-11 X 17 and 1-full size			10 Copies of SITE ANALYSIS MAP* (DRB only)		
10 Copies of NEIGHBORHOOD CONTEXT MAP (DRB only)			Completed STORM WATER DETERMINATION WORKSHEET		
10 Copies of DESIGN CONCEPT NARRATIVE (DRB only)			7-full size landscape plans		
Completed and signed DESIGN REVIEW ATTACHMENT "A" (DRB only)					
THESE APPLICATIONS AND ATTACHMENTS MAY BE REQUIRED AS PART OF SUBMITTAL COMPLETENESS:					
ENVIRONMENTAL ASSESSMENT		CONDITIONAL USE PERMIT		REZONING HILLSIDE DEVELOPMENT PERMIT	
PROPERTY OWNER'S CONSENT – 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'S SIGNATURE					
APPLICATION	RECEIVED BY	DATE	10-29-18	FEE RECEIVED	\$ 16,316
PUBLIC HEARING	<input checked="" type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT	DATE	10-29-18	FEE RECEIVED	\$ 2,746
ENVIRONMENTAL REVIEW	<input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT CLASS	DATE		FEE RECEIVED	\$



INDEMNIFICATION AGREEMENT

File No: PRJ18-082, CUP18-146, DR18-072

Project Name and Address: Good Onward Inc. Cannabis Processing, 3192 Juniper Avenue

As part of this application, the applicant agrees to defend, indemnify, and hold harmless the City of Santa Rosa, its agents, officers, councilmembers, employees, boards, commissions and Council from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void, or annul any approval of the application or related decision, or the adoption of any environmental documents or negative declaration which relates to the approval. This indemnification shall include, but is not limited to, all damages, costs, expenses, attorney fees or expert witness fees that may be awarded to the prevailing party arising out of or in connection with the approval of the application or related decision, whether or not there is concurrent, passive or active negligence on the part of the City, its agents, officers, councilmembers, employees, boards, commissions and Council. If for any reason, any portion of this indemnification agreement is held to be void or unenforceable by a court of competent jurisdiction, the remainder of the agreement shall remain in full force and effect.

The City of Santa Rosa shall have the right to appear and defend its interests in any action through its City Attorney or outside counsel. The applicant shall not be required to reimburse the City for attorney's fees incurred by the City Attorney or the City's outside counsel if the City chooses to appear and defend itself in the litigation.

I have read and agree to all of the above.

Tim Shannon

Applicant (please print name)

[Signature]
Applicant (please sign name)

ACKNOWLEDGMENT THAT COPYRIGHTED REPORTS SUBMITTED TO THE CITY SHALL BE CONSIDERED PUBLIC RECORDS

The applicant acknowledges, understands, and agrees that any soils, seismic hazard, landslide, geologic, natural hazard, or geotechnical report, study, or information submitted to the City by, or on behalf of, the applicant in furtherance of this application submitted by the applicant will be treated by the City as public records pursuant to the CA Public Records Act which may be reviewed by any person and if requested, that a copy will be provided by the City to any person upon the payment of its direct costs of duplication.

I have read and agree to all of the above.

Tim Shannon

Applicant (please print name)

[Signature]
Applicant (please sign name)

City of Santa Rosa

FEB 08 2019

Planning & Economic
Development Department

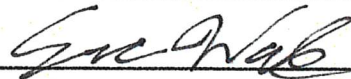
COPYRIGHT MATERIALS RELEASE- To the extent that your application submittal packet includes plans or drawings prepared by a licensed, registered or certified professional, as defined pursuant to the California Health and Safety Code Section 19851 or Business and Professions Code Section 5536.25, such as a licensed engineer, architect or other design professional, the City must first obtain the signature release and permission of said professional prior to publication or reproduction of any such plans or drawings. Such drawings and plans may also be protected by copyright laws. The City of Santa Rosa hereby requests permission to reproduce and publish plans and drawings submitted with your application packet for purposes of more effectively and efficiently facilitating the entitlement review process, including making plans and drawings available on the City's website for public review and providing electronic reproductions to the City's review boards. The purpose of this request is limited solely to the purpose of facilitating the timely review of this application, and the plans and drawings will not be utilized by the City for other purposes. To assist the City in this process, please provide below the signatures of all of those who have prepared plans and drawings to be submitted with this application.

Engineer Name: BKF Engineers / Eric Wade, PE

Phone: 707-583-8513

Email Address: ewade@bkf.com

ENGINEER /SURVEYOR'S SIGNATURE



Architect Name: Peter Stanley, LEED AP, Principal

Phone: 707-636-0646

Email Address: ps@archilogix.com

ARCHITECT/DESIGNER'S SIGNATURE

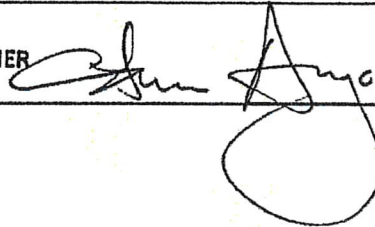


Landscape Architect Name: Steven Arago

Phone: 707-318-2348

Email Address: sarago@fcs-intl.com

LANDSCAPE ARCHITECT/DESIGNER
SIGNATURE



12/2015

City of Santa Rosa

FEB 08 2019

Planning & Economic
Development Department



DISCLOSURE FORM

Please Type or Print

File No.	Quad.
Related Files	
DEPARTMENT USE ONLY	

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D I S C L O S U R E F O R M	Project Title: <u>Good Onward LLC. Cannabis Processing, 3192 Juniper Avenue</u> (Include site address)	
	Please provide the name of each individual, partnership, corporation, LLC, or trust who has an interest in the proposed land use action. Include the names of all applicants, developers, property owners, and each person or entity that holds an option on the property.	
	Individuals:	Identify all individuals
	Partnerships:	Identify all general and limited partners
	Corporations:	Identify all shareholders owning 10% or more of the stock and all officers and directors (unless the corporation is listed on any major stock exchange, in which case only the identity of the exchange must be listed.
	LLCs:	Identify all members, managers, partners, officers and directors.
	Trusts:	Identify all trustees and beneficiaries.
	Option Holders:	Identify all holders of options on the real property.
	Full Name:	Address:
In addition, please identify the name of each civil engineer, architect, and consultant for the project.		
Full Name:	Address:	
Eric D. Wade, PE	BKF Engineers, 200 Fourth St., Santa Rosa, CA 95401	
Peter Stanley, LEED AP, Principal	Archilogix, 50 Santa Rosa Ave., Santa Rosa, CA 95404	
Steven Arago, RLA	First Carbon Solutions, 1350 Treat Blvd., Suite 380, Walnut Creek, CA 94597	

City of Santa Rosa

FEB 08 2019

Planning & Economic
Development Department

City of Santa Rosa

FEB 20 2019

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Development Department

Additional names and addresses attached: ☐ Yes ☐ No

The above information shall be promptly updated by the applicant to reflect any change that occurs prior to final action.	
I certify that the above information is true and correct: <u>[Signature]</u> Applicant	<u>2/8/19</u> Date