City of Santa Rosa
Planning & Economic
Development Department
08/01/2022
RECEIVED

UNIVERSAL PLANNING APPLICATION

(Form 1 of 5)

PREPARE APPLICATION FORMS 1

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 Services
Zoning: CN-SR
General Plan Designation: Very Low Residential
Site Address(es): 5761 Mountain Hawk Dr. Santa Rosa, CA 95409
Assessor's Parcel Number(s): 153-180-029
Total Property size in acres: 1.21

Applicant Information:

Contact Name/Organization: Alex Wignall, Pura Vida Recovery Services
Mailing Address: 1154 Lodi Ln
City: St. Helena State: CA Zip: 94574
Phone: 707-968-1555 Alternate Phone: 707-308-4492
Email Address: alex@pvrecovery.com

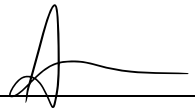
Application Representative Information (if different from applicant - this will be the primary contact):

Contact Name/Organization:
Mailing Address:
City: State: Zip:
Phone: Alternate Phone:
Email Address:

Property Owner Information: *Property Owner Signature Required Below

Contact Name: Alex Wignall
Mailing Address: 1154 Lodi Ln
City: St. Helena State: CA Zip: 94574
Phone: 707-968-1555 Alternate Phone: 707-308-4492
Email Address: alex@pvrecovery.com

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 

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 upstairs utilizing the seven, 2bed-2bath apartments (units 201-207)

Office - professional services, counseling office and outpatient addiction medicine treatment center downstairs (Units 102-103)

Please check each relevant application box below:

- ☐ Annexation Prezoning
- ☑ Conditional Use Permit
  - ☑ Minor ☐ Major
- ☐ Density Bonus
- ☐ Design Review
  - ☐ Concept ☐ Minor ☐ Reduced Review Authority ☐ Major
- ☐ Entitlement Extension
- ☐ General or Specific Plan Amendment
  - ☐ Text ☐ Diagram
- ☐ Hillside Development Permit
  - ☐ Minor ☐ Major
- ☐ Home Occupation
- ☐ Landmark Alteration Permit
  - ☐ Concept ☐ Minor ☐ Major
- ☐ Landmark Designation
- ☐ Modification of Final Map/Parcel Map
- ☐ Neighborhood Meeting
- ☐ Public Convenience or Necessity
- ☐ Public Information Services
  - ☐ Zoning Verification ☐ Subdivision Status
- ☐ Rezoning ☐ Map ☐ Text
- ☐ Sign
  - ☐ Permit ☐ Permit - Temporary ☐ Program ☐ Variance
- ☐ Temporary Use Permit
- ☐ Tentative Map
  - ☐ Minor ☐ Major
- ☐ Tree Removal
- ☐ Utility Certificate
- ☐ Vacation of Easement or Right of Way
- ☐ Waiver of Parcel Map
- ☐ Zoning Clearance