



APPLICATION
**CONDITIONAL USE
 PERMIT**

Please Type or Print

File #: **PR18-082**
CU18-146
 Related Files: **DR18-072** **PRAP18-114**
 Set:
 Department Use Only

www.srcity.org

MAJOR MINOR TEMPORARY

GENERAL APPLICANT 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.
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> COMMERCIAL
<input type="checkbox"/> EXISTING BUILDING/REOCCUPANCY	<input checked="" type="checkbox"/> EXISTING BUILDING/REOCCUPANCY	<input checked="" type="checkbox"/> INDUSTRIAL
<input type="checkbox"/> NEW CONSTRUCTION	<input checked="" type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> OTHER (Please describe)
# 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: 23
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 **MUST** either be reduced to 11 X 17 or folded to 8 1/2 X 14
- 10 Copies of **SITE PLAN** showing all dimensions.
- 10 Copies of **FLOOR PLANS**
- 10 Copies of **NEIGHBORHOOD CONTEXT MAP**
- DISCLOSURE FORM
- VICINITY MAP WITH NORTH ARROW
- 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)
- 10 Copies of **SITE ANALYSIS MAP** (New construction only)
- 10 Copies of **LANDSCAPE PLANS** (New construction only)
- Completed **ABC APPLICATION WORKSHEET 23958.4 B & P** (For sales of alcoholic beverages)
- ENVIRONMENTAL ASSESSMENT (New construction only)
- Completed **STORMWATER DETERMINATION WORKSHEET**

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 T Selge	DATE 10-29-18	FEE RECEIVED \$ 11,745.00
PUBLIC HEARING	PC	DATE "	FEE RECEIVED \$ 2,240
ENVIRONMENTAL REVIEW	<input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT	DATE "	FEE RECEIVED \$ 4,148



APPLICATION DESIGN REVIEW

Please Print or Type

ZONING ADMINISTRATOR (ZA) DESIGN REVIEW BOARD

PRJ18-082

File #	Quad
DR18-072	
Related Files:	
COP18-146	
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 Avenue, 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
<input type="checkbox"/> NEW CONSTRUCTION	<input checked="" type="checkbox"/> NEW CONSTRUCTION	ADDITION LIST EXISTING TENANTS
# 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 <u>STORM WATER DETERMINATION WORKSHEET</u>
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 <i>T. Seje</i>	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)



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)



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.

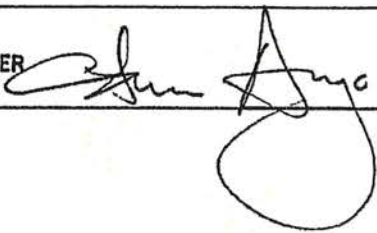
Engineer Name: BKF Engineers / Eric Wade, PE
Phone: 707-583-8513
Email Address: ewade@bkf.com

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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DISCLOSURE FORM	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:
	City of Santa Rosa FEB 08 2019 Planning & Economic Development Department	

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	

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:	2/8/19 Date