

CITY OF SANTA ROSA
PLANNING AND ECONOMIC DEVELOPMENT DEPARTMENT
STAFF REPORT FOR DESIGN REVIEW BOARD
MAY 4, 2017

PROJECT TITLE

Santa Rosa Farm Group

APPLICANT

Danny Abdelmalak

ADDRESS/LOCATION

800 Yolanda Avenue

PROPERTY OWNER

800 Yolanda, LLC

ASSESSOR'S PARCEL NUMBER

044-091-063

FILE NUMBER

DR17-018

PROJECT SITE ZONING

IL (Light Industrial)

GENERAL PLAN DESIGNATION

Light Industry

APPLICATION DATE

April 12, 2017

APPLICATION COMPLETION DATE

April 12, 2017

PROJECT PLANNER

Patrick Streeter

RECOMMENDATION

No Action Required

PROPOSAL

This project proposed construction and operation of a medical cannabis cultivation and processing facility with approximately 120,000 square feet of floor area on a 5.53-acre site

ATTACHMENTS

Attachment 1 – Disclosure Form
Attachment 2 – Design Concept Narrative
Attachment 3 – Plan Set

CONTACT:

Patrick Streeter, Senior Planner
PStreeter@srcity.org, 707-543-4323



DISCLOSURE FORM

Please Type or Print

File No.	DR 17-018	Quad.	SE
Related File	PRAP 17-020		
DEPARTMENT USE ONLY			

www.srcity.org

Project Title: Santa Rosa Farm Group 800 Yolanda Ave. Santa Rosa, CA
(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.

DISCLOSURE FORM

Full Name:	Address:
Danny Abdelmalak	9030 National Blvd. LA, CA 90034

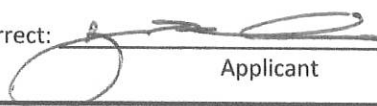
In addition, please identify the name of each civil engineer, architect, and consultant for the project.

Full Name:	Address:
Jim Henderson	P.O. Box 14874 Santa Rosa, CA 95402
Jim Stafford	3237 Malcolm Ave. LA, CA 90034
Frank Glynn	233 California St. El Segundo, CA 90245

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:


Applicant

3-29-17
Date