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City of Santa Rosa Planning & Economic

PPLICATION PROPERTY P



SUBDIVISION TENTATIVE Santa Rosa MAP/TENTATIVE PARCEL MAP

File No:	
Related Files:	
Set:	
Department Use	e Only

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SUBMITTALS BY APPOINTMENT ONLY - PLEASE SEE INFORMATION SHEET

	LOCATION OF PROJECT (ADDRESS) 613 Olive St		ASSESSOR'S PARCEL NUMBER(S)		EXISTING ZONING R-3-18	
G E N E R A L I N F O	NAME OF PROPOSED PROJECT Olive Commons		- 010-252-023 		GENERAL PLAN DESIGNATION Med Residential	
	APPLICANT NAME Joyce Milks		☐CELL ☐ HOME ■ BUS (707) 526-9587	SINESS FAX	☐CELL ☐ HOME ☐ BUSINESS ☐ FAX	
	APPLICANT ADDRESS 141 Stony Circle, Ste 219	CITY Santa Rosa	STATE CA	ZIP 95401	EMAIL joycemilks@aol.com	
	APPLICANT REPRESENTATIVE		□CELL □ HOME □ BUS	SINESS FAX	□CELL □ HOME □ BUSINESS □ FAX	
	APPLICANT REPRESENTATIVE ADDRESS	CITY	STATE	ZIP	EMAIL	
	ENGINEER NAME Mike Robertson		(707) 523-7490 xt 2	Comment of the Commen	CELL HOME BUSINESS FAX	
	ENGINEER ADDRESS 2300 Bethards Dr, Suite L	CITY Santa Rosa	STATE a CA	ZIP 95405	EMAIL mike@robertsonengineering.net	
	PROPERTY OWNER NAME (SIGNATURE REQU same as applicant	JIRED BELOW)	CELL HOME BUS	SINESS FAX	☐CELL ☐ HOME ☐ BUSINESS ☐ FAX	
	PROPERTY OWNER ADDRESS	CITY	STATE	ZIP	EMAIL	
- 7	PROJECT/BUSINESS DESCRIPTION - DESCRIB	E IN DETAIL YOUR PROPOSI	ED SUBDIVISION ATTAC	H A SEPARATE SHE	ET IF NECESSARY	
	create 2 lots and a common area, including all utilities					
	SIZE OF PARCEL: SQ FT or ()	16 ACRES				

create 2 lots and a common area, including all utilities						
SIZE OF PARCEL:SQ FT or0_	16_ACRES					
☐ RESIDENTIAL ☐ OFFICE	☐ COMME	ERCIAL 🗖	INDUSTRIAL IMIXED USE			
☐ TENTATIVE FINAL MAP ☐ TENTATIVE VESTING MAP ☐ TENTATIVE PARCEL MAP ☐ TENTATIVE AIR SPACE CONDOMINIUM						
EXISTING USE: Vacant		UNITS PER ACRE:	13			
PROPOSED USE: Residential		AVERAGE LOT SIZE:	2,243 SF			
# EXISTING LOTS: One		MAXIMUM LOT SIZE:	2,461 SF			
# PROPOSED LOTS: Two + Common Are	ea	MINIMUM LOT SIZE:	2.025 SF			
UBMITTAL INFORMATION — THESE ITEMS MUST BE SUBMITTED FOR A COMPLETE APPLICATION UNLESS INITIALED BY A SENIOR LANNER OR SUPERVISING ENGINEER						
21 Copies of Map and 1 reduced copy. Must be clean, clear, high-contrast, high quality blacklines.						
Completed and signed subdivision application	n Attachment "A"	21 Copies of Neighborh	ood Context Map			
21 Copies of Site Analysis Map 2 Copies of a Preliminary Title Report Issued within the last 3 months.		Indemnification Form (Back of this sheet)				
		Disclosure Form				
Verification of Preapplication Neighborhood meeting – Except for	meeting - Except for	\$75 Check payable to: Sonoma State Academic Foundation				
Condominium Conversions File No. PRAP 18-087 Date Held: 8/22/18		SEE ATTACHMENTS FOR ADDITIONAL INFORMATION				
THESE APPLICATIONS AND	ATTACHMENTS MAY BE	REQUIRED AS PART OF S	SUBMITTAL COMPLETENESS			
Environmental Assessment Condition	nal Use Permit	Rezoning	Hillside Development Permit			

Indicate th	e number of units	expected to be devalo	ned in Growth	Management Post	USING ALLOCAT	erve B in each calendar year up to a period of
years. No	more than 75 single	e family and 200 multi	-family units o	er project may be n	erve a and/or kest enuested for a sin	erve b in each calendar year up to a period or
YEAR		Total Contract	Tomay Grace p	Li project may be i	equested for a sin	Sic year.
Reserve A # of units						
Reserve B # of units						
HOUSING	ALLOCATION PLAN	(See guide to aid in c	ompletion)	TALE ACTION NO.		
	SELOW HOW THE F	ROJECT WILL COMPLY	WITH THE HO			s which are eligible for exemption.)
	PROVIDING L	INITS		PROVIDING LA		IN LIEU FEE
	TOTAL # of Project Units	Total # of Affordable Units	Total # of A	cres to be Dedicate		# of Project
On Site 15% Req			On Site			Unitsx In Lieu Fee = Total Fees Due.
On Site 20% Req			Off Site			Each unit will be charted the in Lieu Fe effect at the time of Building Permit is:
Units will b			Land is:			
RENTAL	☐ FOR	SALE	☐ IMPROVE	D DUNIMI		
rocte: For projects providing units, a fractional requirement will be rounded down, and the fractional remainder will be subject to a fee.					e formula is: actionx "Developer's Contribution e to be pald prior to Final Map approval.	
ile this app	lication. I certify th	IT – I declare under pe lat all of the submitter ed data may invalidate	Information I	s true and correct t	o the best of my k	y or have written authority from property ow nowledge and belief. I understand that any
APPLICATI	ON	RECEIVED E	SY.		DATE	FEE RECEIVED \$
UBLIC HE	ARING				DATE	FEE RECEIVED \$
NVIRONA	MENTAL REVIEW	☐ REQ	UIRED	☐ EXEMPT	DATE	FEE RECEIVED \$

INDEMNIFICATION AGREEMENT

File No:	<u> </u>
Project Name and Address: Olive Co	mmons, 613 Olive St
agents, officers, councilmembers, employe brought against any of the foregoing individually approval of the application or related declaration which relates to the approval. I expenses, attorney fees or expert witness from connection with the approval of the application on the part of the City, its agent for any reason, any portion of this indemnification.	rees to defend, indemnify, and hold harmless the City of Santa Rosa, its es, boards, commissions and Council from any claim, action or proceeding duals or entities, the purpose of which is to attack, set aside, void, or annul decision, or the adoption of any environmental documents or negative This indemnification shall include, but is not limited to, all damages, costs, sees that may be awarded to the prevailing party arising out of or in ation or related decision, whether or not there is concurrent, passive or active is, officers, councilmembers, employees, boards, commissions and Council. If fication agreement is held to be void or unenforceable by a court of the agreement shall remain in full force and effect.
outside counsel. The applicant shall not be	o appear and defend its interests in any action through its City Attorney or required to reimburse the City for attorney's fees incurred by the City City chooses to appear and defend itself in the litigation.
I have read and agree to all of the above.	
Joyce Milks	Applicant (please sign name)
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.		
Joyce Milks	Joya Milks	
Applicant (please print name)	Applicant (please sign name)	
COPYRIGHT MATERIALS RELEASE- To the extent that your prepared by a licensed, registered or certified profession Section 19851 or Business and Professions Code Section professional, the City must first obtain the signature reference reproduction of any such plans or drawings. Such drawing of Santa Rosa hereby requests permission to reproduce packet for purposes of more effectively and efficiently for plans and drawings available on the City's website for purpose we boards. The purpose of this request is limited so application, and the plans and drawings will not be utilize process, please provide below the signatures of all of the this application.	nal, as defined pursuant to the California Health is 5536.25, such as a licensed engineer, architect of ease and permission of said professional prior to ings and plans may also be protected by copyright and publish plans and drawings submitted with yacilitating the entitlement review process, includublic review and providing electronic reproductionally to the purpose of facilitating the timely review by the City for other purposes. To assist the least time is a licensial to the city for other purposes.	and Safety Code or other design publication or at laws. The City your application ing making ons to the City's ew of this City in this
Engineer Name: Mike Robertson		
Registration No.: RCE 29640 Phone: (707) 523-7490		
Email Address: mike@robertsonengineering.net		
ENGINEER/SURVEYOR'S SIGNATURE	Roberten	
Architect Name:		
Phone:		
Email Address:		
ARCHITECT/DESIGNER'S SIGNATURE		
Landscape Architect Name:		
Phone:	1	
Email Address:		
LANDSCAPE ARCHITECT/DESIGNER SIGNATURE		

01/2016