

DEVELOPMENT PERMIT APPLICATION

County of Santa Cruz Planning Department

GENERAL DATA ABOUT YOUR PROPOSED PROJECT

Assessors Parcel Number (APN)(s): 029-021-47
(This may be obtained from the Assessor's Office).

Property Address: 5940 Soquel Ave CITY: Santa Cruz CA ZIP: 95062

Property Location: (If no address) _____

APPLICANT'S (Authorized Agent), NAME
if different from Owner Pacific Medical Builders, LLC

APPLICANT MAILING ADDRESS 3394 Carmel Mountain Road, Suite 200

CITY/STATE San Diego, CA ZIP 92121 EMAIL BRosenfeld@pmbllc.com

PHONE No. (858) 794-1900 FAX No. () _____ CELL No. () _____

A signed owner-agent form (attached) must be submitted if the application submittal is by anyone other than the owner.

OWNER NAME(S) PAZ, LLC

OWNER MAILING ADDRESS c/o Audrey & Ed Protiva 7 Moraga Via

CITY/STATE Orinda, CA ZIP 94563 EMAIL _____

PHONE No. (925) 254-1631 FAX No. () _____ CELL No. () _____

DESCRIBE THE PROPOSED PROJECT IN DETAIL:

Herewith is an application for a General Plan, Rezoning, PUD and Commercial Development for a 160,000 sq ft medical office building and an associated parking garage that will accommodate 724 vehicles.

To facilitate the development of the medical office building the General Plan Land Use Designation is proposed to be changed from R-UH (Residential Urban High) to C-O (Professional and Administrative Office).

The Zoning is proposed to be changed from RM-2-R to PA (Professional Administrative)

The Planned Unit Development (PUD) will establish specific site standards that recognize the unique requirements of this site and of the proposed medical services building.



COUNTY OF SANTA CRUZ

PLANNING DEPARTMENT

701 OCEAN STREET, 4TH FLOOR, SANTA CRUZ, CA 95060
(831) 454-2580 FAX: (831) 454-2131 TDD: (831) 454-2123

OWNER-AGENT APPROVAL FORM

For persons other than the owner who wish to obtain a building, development and/or other permit, the approval of the owner is required.

This is the County's authorization to issue a permit to the agent listed below:

Agent(s):

Name: PMB Santa Cruz LLC

Address: 3934 Carmel Mountain Road, Suite 200

City: San Diego

State/Zip Code: California, 92121

Telephone: (858) 794-1900

Name: Swift Consulting Services, Inc.

Address: 500 Chestnut Street, Suite 100

City: Santa Cruz

State/Zip Code: California, 95060

Telephone: (831) ⁴⁵⁹549-9992

Owner:

Name: PAZ, LLC

Address: c/o Audrey and Ed Protiva

7 Moraga Via

City: Orinda

State/Zip Code: California, 94563

Telephone: (925) 254-1631

August 22, 2018
Date:

Audrey High Protiva
Signature of Owner

029-021-47
Assessor's Parcel Number(s)

5490 Soquel Avenue, Santa Cruz, California
Project Location

Note: One Owner-Agent form will be required for each permit required. In the case where there is more than one owner of a parcel, the owner signing this form represents that he/ she has the consent from all other owners of the parcel. For development permits, PMB Santa Cruz LLC shall be responsible for payment of the County's cost for inspections and, upon issuance of the permit to PMB Santa Cruz LLC, or its designee or nominee, all other actions related to noncompliance with permit conditions upon the issuance thereof. The agent(s) will be required to provide the department with proof of service by mail, that the owner was mailed a copy of the executed acceptance of permit conditions. Finally, by signing this form, the owner is designating the agent(s) as their Agent for Service of Process for all matters relating to this application, but owner shall have no obligations related to the permit and no permit shall be binding on the owner.

****Any refunds will be made to whomever made the payment**



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PROPERTY DISCLOSURE STATEMENT

Application #: _____ APN: 029-021-47
Applicant: Pacific Medical Builders Date: 3/18/19

1. Applicant's statement of interest in the property (in connection with the application that will be filed).

2. Does the subject property have an Agricultural Preserve contract in effect?
 Yes No Unsure
3. Does the subject property have an existing Open Space Easement contract in effect?
 Yes No Unsure
4. Is your project located on property identified on the following lists, as designated by the State of California Secretary for Environmental Protection?
 - a. Hazardous waste facilities subject to corrective action pursuant to Section 25187.5 of the Health and Safety Code:
 Yes No Unsure
 - b. Hazardous waste property or border zone property pursuant to Article 11 (commencing with Section 25220) of Chapter 6.5 of Division 20 of the Health and Safety Code:
 Yes No Unsure
 - c. Hazardous waste disposal site on public lands as identified by the Department of Toxic Substances control pursuant to Section 25242 of the Health and Safety Code:
 Yes No Unsure
 - d. Property listed pursuant to Section 25356 of the Health and Safety Code:
 Yes No Unsure
 - e. Property listed in the Abandoned Site Assessment Program:
 Yes No Unsure
5. If your property is not served by a public sewer or municipal water system, have you contacted Environmental Health Services (3rd Floor, County Building - 454-2022)?
 Yes No

Continue below if non-residential or sign on reverse side if residential.

COMPLETE THE SECTION BELOW ONLY FOR NON-RESIDENTIAL PROJECTS

6. Hazardous Materials:
 - I will be using or handling hazardous materials in my property use.
 - I will NOT be using of handling hazardous materials in my proposed use.
 - Unsure

(Continue on reverse side)



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For Residential and Non-Residential Projects:

Is Your Project In a Common Interest Ownership Development?

Assessor's Parcel Number: 029-021-47

Application #: _____

Check the applicable item below.

1. NOT APPLICABLE/OUTSIDE:
I certify that the above-referenced parcel is NOT within a Common Interest Ownership Development/Homeowner's Association that requires review and approval of development and building plans.
2. WITHIN PARADISE PARK, SAND DOLLAR BEACH OR PASATIEMPO HOA
The above referenced parcel is in the Paradise Park, Sand Dollar Beach or Pasatiempo HOA. I understand that prior to approval of permits the Planning Department must receive a copy of the plans bearing the Homeowner's Association's stamp of approval and authorized signature.
3. WITHIN ANOTHER COMMON INTEREST DEVELOPMENT:
The above-referenced parcel is within a Common Interest Ownership Development/Homeowner's Association other than one of those listed under No. 2 above. I understand that the County will not withhold the issuance of a building permit due to a lack of review or approval of the proposed development by a Homeowner's Association.

I certify that the above information is true and correct. I understand that providing false information on this form may delay issuance of my permit or invalidate my permit if it has already been issued, and may result in enforcement action by the County, including posting a Stop-Work notice.

John Swift
Owner or Agent's Signature

3/18/19
Date

John Swift
Print Name