

87-36-Cup

CITY OF ESCONDIDO

Discretionary Permits Application

- | | |
|---|---|
| <input type="checkbox"/> ZONE CHANGE/PREZONE <input checked="" type="checkbox"/> CONDITIONAL USE PERMIT <input type="checkbox"/> GRADING EXEMPTION <input type="checkbox"/> TENTATIVE TRACT MAP <input type="checkbox"/> VESTED TENTATIVE MAP <input type="checkbox"/> VARIANCE <input type="checkbox"/> CONDOMINIUM PERMIT/CONVERSION CASE NO. _____ | <input type="checkbox"/> PRELIMINARY DEVELOPMENT PLAN <input type="checkbox"/> MASTER DEVELOPMENT PLAN <input type="checkbox"/> PRECISE DEVELOPMENT PLAN <input type="checkbox"/> PLANNED UNIT APPROVAL MODIFICATION TO: <input type="checkbox"/> MASTER DEVELOPMENT PLAN <input type="checkbox"/> PRECISE DEVELOPMENT PLAN <input checked="" type="checkbox"/> CONDITIONAL USE PERMIT <input type="checkbox"/> PLANNED UNIT APPROVAL <input type="checkbox"/> SUBDIVISION |
|---|---|

NOTE: If multiple applications are anticipated they can be filed concurrently.

APPLICANT TO COMPLETE SECTION BELOW

COMPLETE DESCRIPTION OF PROJECT AND TYPE OF REQUEST:

The applicant is requesting a modification to a previously issued CUP (#86-123-CUP) to allow for the addition of a 25 space parking lot at the Palomar Convalescent Center located at 1817 Avenida Del Diablo, Escondido, CA 92025. (Please consult accompanying design drawings for details on proposed parking lot.)

SITE INFORMATION:

ASSESSOR'S PARCEL NUMBER 235-180-32
 PROPERTY ADDRESS 1817 Avenida Del Diablo, Escondido, CA 92025
 CURRENT ZONING R-1-10
 CURRENT GENERAL PLAN _____
 ENVIRONMENTAL STATUS _____

OWNER

NAME Palomar Pomerado Hospital District
 ADDRESS 215 So. Hickory, Suite 310 PHONE (619) 489-4080
 CITY & STATE Escondido, CA 92025
 SIGNATURE Robert M. Edwards

APPLICANT

NAME Palomar Pomerado Hospital District
 ADDRESS 215 So. Hickory, Suite 310 PHONE (619) 489-4073
 CITY & STATE Escondido, CA 92025
 SIGNATURE Mark A. Burmeister
Mark A. Burmeister Planning V.P.

APPENDIX A
DATE FILED: _____

Log No. EIR _____

CITY OF ESCONDIDO
INITIAL STUDY FORM - PART I
(TO BE COMPLETED BY APPLICANT)

GENERAL INFORMATION

1. Name, address and telephone number of developer or project sponsor:
Palomar Pomerado Hospital District c/o Robert M. Edwards
215 So. Hickory, Suite 310, Escondido, CA 92025 (619/489-4080)
2. ADDRESS of Project: 1817 Avenida Del Diablo, Escondido, CA 92025
Assessor's Parcel No. 235-180-32
3. Name, address and telephone number of person to be contacted regarding this project:
Palomar Pomerado Hospital District c/o Joseph Slangen
465 E. Grand Ave., Escondido, CA 92025 (619/ 489-4450)
4. List other agencies which have, or must, approve the project:
N/A
5. Describe the proposed project: 25 Space Parking Lot Addition (consult accompanying design drawings for details)
6. Describe the type of application (Ord., Use Permit, Variance, etc.):
Modification to existing CUP (#86-123-CUP)
7. Size of parcel (acreage): 2.37 acres
8. Square footage of each building: Existing building - 31,000 sq. ft.
9. If a subdivision, range of lot sizes: From _____ Square Feet to _____ Square feet.
10. Number of floors: _____
11. Number of parking spaces provided: Existing 36, with addition 61
12. Is this project to be developed in several phases? If so, give dates: No
13. Amount of Grading proposed in yards: _____
Height of Maximum cut slope: _____
Height of Maximum fill slope: _____
14. Is this a portion of any larger project? If so, describe on an attached sheet. No
15. If residential, include the number of units, size of units (number of rooms), and type of household size expected.

16. If commercial, indicate the type (CG, CT, etc.) square footage of sales area.

Initial Study Form
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17. If industrial, indicate type and estimated number of employees:

18. If institutional, indicate the major function, estimating number of employees.

estimated occupancy. 96 Bed Skilled Nursing Facility with 30 employees (day shift);
14 employees (evening shift); 6 employees (night shift); 96 bed occupancy

19. If the project involves a variance, conditional use permit or rezoning application, state this, and indicate clearly why the application is required:

CUP is needed for addition of a 25 space parking lot at the facility

Are the following items applicable to the project or its effects:
Indicate below all items checked yes (attach additional sheets if necessary)

YES NO

20. Change in existing features of any lakes or hills, or substantial alteration of topography or drainage. (If yes, submit accurate topo and grading plan).
21. Change in scenic views or vistas from existing residential areas or public lands or roads.
22. Change in pattern, scale or character of general area of project.
23. Significant amounts of solid waste or litter.
24. Result in dust, ash, smoke, fumes or odors being discharged in the vicinity.
25. Change in lake, stream or ground water quality or quantity, or alteration of existing drainage patterns.
26. Substantial change in existing noise or vibration levels in the vicinity.
27. Site on filled land or on slope of 10% or more. (If site contains any slope in excess of 10%, submit accurate topo).
28. Use or disposal of potentially hazardous materials, such as toxic substances, flammables or explosives.
29. Substantial increase in demand for municipal services (Police, fire, water, sewage, etc.).
30. Substantially increase fossil fuel consumption (electricity, oil, natural gas, etc.).
31. Relationship to a larger project or series of projects.

ENVIRONMENTAL SETTING

32. Describe the project site as it exists before the project, including information on topography, soil stability, plants and animals, and any cultural, historical or scenic aspects. Describe any existing structures on the site, and the use of the structures.

(See Attachment "A")

- A. Parking lot may involve minor alterations (see accompanying design drawings for details).
- B. Palomar Pomerado Hospital District may modify one section of facility to allow for physical therapy/rehab functions within next (6) months. If so, a separate CUP application will be submitted.

Initial Study Form

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33. Describe the surrounding properties, including information on zoning plants and animals and any cultural, historical or scenic aspects. Indicate the type of land use (residential, commercial, etc.), intensity of land use (one-family, apartment, houses, shops, department stores, etc.).

(See Attachment "B")

34. Archaeological Setting

- A. Is the property within 1/4 mile of a stream course? Yes No.
- B. Are there any granitic outcrops on the project site? Yes No.
- C. Are there any isolated areas of dark soil development on the project site? Yes No.
- D. Are there any surface concentrations of stone flakes, bone, or pottery fragments on the property? Yes No.
- E. Are there any pre-historic assemblages of rock or rock art on the property? Yes No.
35. For projects consisting of more than 10 residential units (adult or family), request in writing a letter from the:
- A. Escondido Union School District.
- B. Escondido Union High School District.

describing the project's impact on enrollment and submit the school letters WITH THE FORM.

36. In all cases in which a mature tree is being removed from a right-of-way, include a justification and picture of the tree.

CERTIFICATION

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

I further understand that additional information or requirements may be necessary.

4-1-77
(DATE)


Joseph Stango
Palomar Pomerado Hospital District

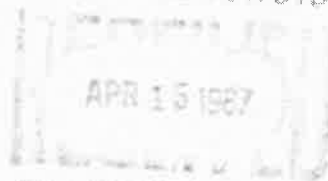
I hereby agree to allow the City, and/or its designated representatives, to have access to and from the property in question. The purpose of this access will be to allow field investigation of the property for which the above department permit is requested.

Joseph A. [Signature] - *Palmer Penrose Hospital District*
400 E. Grand Ave
Blaine, Co. 51511

Signature of Property Owner or Representative
4-8-87

Date

CITY OF ESCONDIDO



PLANNING DEPT.

CERTIFIED LIST

I certify that the attached document is a complete list of the Assessor's Parcel Number of all properties within 300 feet of the exterior boundaries of the property described in this application.

This list was taken from the latest adopted San Diego County Tax Roll, and any update thereto, maintained in the office of the San Diego County Tax Assessor on September 26, 19 86.

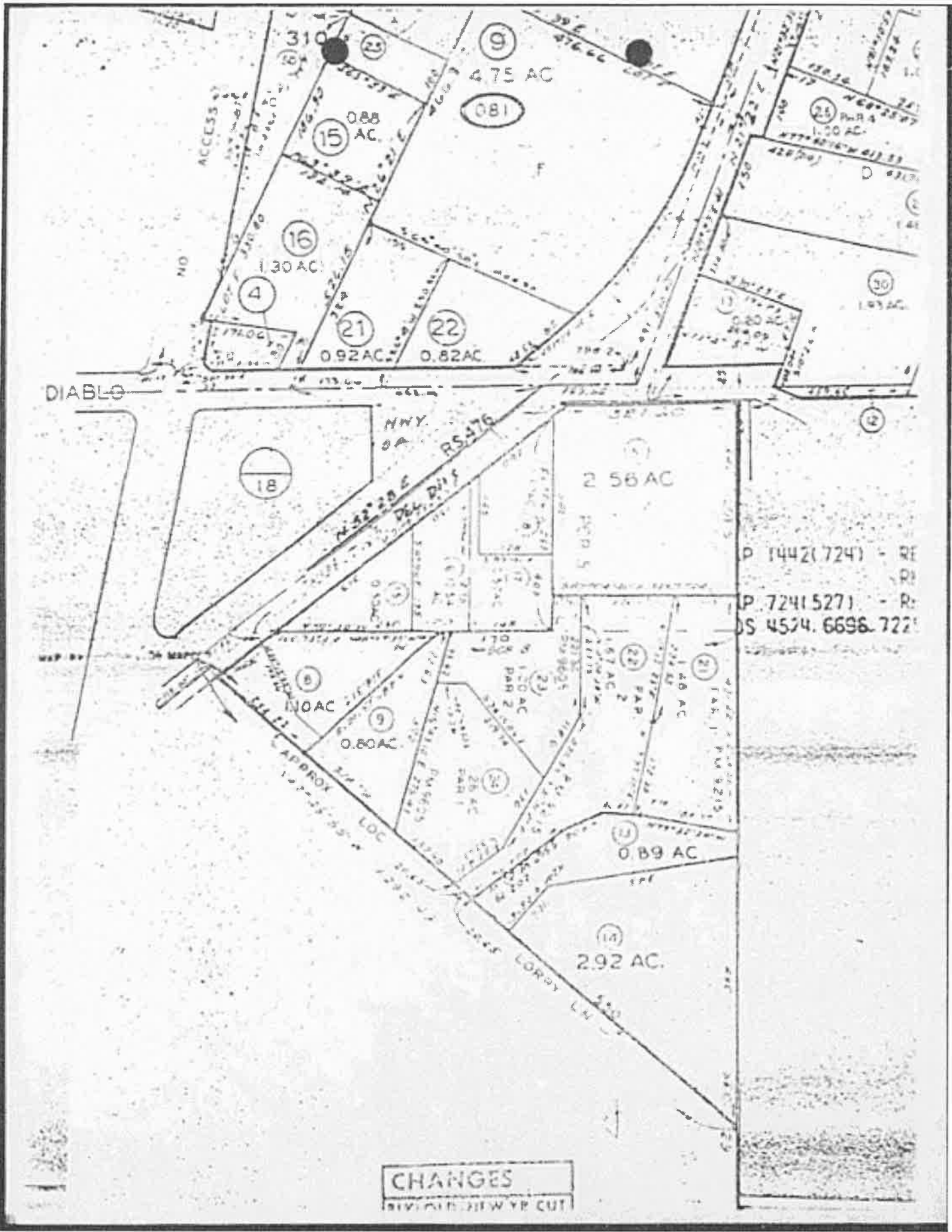
Signature

Joseph Stango

Date

4-8-87

Palomar Pomerado Hospital District
Facilities Planning Manager





ATTACHMENT "A"

APPLICATION OF PALOMAR POMERADO HOSPITAL DISTRICT FOR PARKING LOT
ADDITION AT THE PALOMAR CONVALESCENT CENTER

The following list of facts are submitted in response to requirements of the Escondido Zoning Code:

1. The building will continue to be E-shaped, of Spanish design, with the surrounding grounds in grass, trees, and shrubbery. It is important to note that neither the building exteriors nor the landscaping will be altered during the course of this conversion. In addition, the existing bed total at 96 will be maintained.

ATTACHMENT "B" TO CUP

APPLICATION OF PALOMAR POMERADO HOSPITAL DISTRICT FOR PARKING LOT
ADDITION AT THE PALOMAR CONVALESCENT CENTER

NORTH: An existing residence and a vacant parcel are located north of the site, zoned RE-20, separated by Avenida Del Diablo.

EAST: A small City parcel, vacant lots, and single family dwellings are east of the site, zoned RE-20, separation provided by Del Dios Road and its intersections with Avenida Del Diablo.

WEST: An existing single family subdivision (Tr. 267) is located west of the site zoned R-1-10, physically separated by Valley Parkway.

SOUTH: A dwelling and corrals on two large parcels, zoned RE-40, are south of the site, physically separated by Del Dios Road.