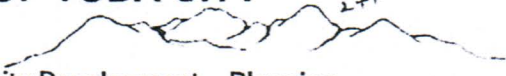


10000012
UP 16-03
EA 16-06

CITY OF YUBA CITY



PROJECT APPLICATION

Community Development - Planning
(530) 822-4700

PLEASE PRINT OR TYPE:

Applicant Name: Eco Compliance / Dr. Ashkiani Phone: 707-235-1997

Address: 50 West Liberty St. Suite 880 Reno Nevada 89501

(If more than one applicant, attach separate sheet with additional applicants' information.)

Property Owner's Name: Lang Rev 01 Trust Phone: (530) 682-7233

Address: 1945 Case Ct, Yuba City CA 95993

Contact Person/Representative: George Musallam Phone: (530) 713-0417

Address: 1527 Starr Drive, Suite "U" Yuba City CA 95993

Assessor's Parcel No(s): 63-020-065

Property Location/Description: 3180 Industrial Drive
Yuba City CA 95993

Project area listed as an Identified Hazardous Waste Site? yes no

Proposal Description (use additional sheets if necessary): Medical Waste Transfer Station.
Waste will be stored & transferred until ready for transport
to treatment facility. All waste is properly contained
until transport

I/We acknowledge that the information provided above is correct. I/We agree to comply with all City and State laws regulating property development.

Applicant Signature*: [Signature] Date: June 10, 2016

Co-applicant Signature: _____

* If the applicant is not the property owner, a letter of authorization from the property owner is required.

For Internal (City) Use Only:				Date Received: <u>6-15-16</u>
UP <u>16-03</u>	VR _____	PM _____	SM _____	Receipt No.: <u>18201619</u>
DP _____	Other _____			Fees: \$ <u>2,046.00</u>
RZ _____	from _____	to _____		
GP _____	from _____	to _____		
Application: EA# <u>16-06</u>	or Exempt _____		GP Designation: <u>Buo, Tech & Mt. Industry</u>	Zoning: <u>M-1</u>
Planning Commission: Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Date: _____			
City Council: Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Date: _____			
Resolution/Ordinance Number: _____				

CITY OF YUBA CITY

Community Development - Planning
(530) 822-4700



INITIAL STUDY/PROJECT
INFORMATION

(ENVIRONMENTAL REVIEW)

For Internal (City) Use Only:

EA # 16-06

PROJECT # 16060016

GENERAL:

Project Title: Eco Compliance Use Permit

Applicant: Eco Compliance

Location [include Assessor's Parcel Number(s)] 3180 Industrial Drive

Yuba City, CA 95993 APN 63-020-065

Describe the proposal: Medical waste transfer Station. Waste will be stored & transferred until ready for transport to treatment facility. All waste is properly contained until transport

Site size: 16,000 SF Existing use: Vacant

What are the surrounding land uses?

north M1 south M1
east M1 west M1

Is this project part of a larger project? Yes No

If yes, please explain: _____

If the project is phased, describe the phases: NA

Please complete either the Residential or Commercial section below (as relevant to your proposal).

RESIDENTIAL:

Number of dwelling units: single family _____ multiple family _____

If multiple family, number of dwellings with:

one bedroom _____ three bedrooms _____
two bedrooms _____ four bedrooms _____

Number of floor levels: _____

COMMERCIAL, INDUSTRIAL, INSTITUTIONAL:

Building square footage: 4,344 Days of operation: Monday through Friday

Percent building coverage: 27% Hours of operation: 8 AM TO 5 PM

Amount of seating (for restaurants, churches, theaters, etc.): NA

Number of employees: 2 Foster 5 Max Maximum number of employees per shift: 2

Number of off-street parking spaces provided: _____ Number of truck loading docks: NA

If all or a portion of your proposal involves outdoor uses:

- Type of use: storage sales
processing manufacturing
other (please describe) _____

All applicants must answer the following questions:

Will this proposal:

Change the pattern, scale, or character of the general area around the project? Yes No

Create significant amounts of solid waste or litter? Yes No

Create dust, ash, smoke, fumes, or odors in the vicinity? Yes No

Substantially change existing noise or vibration levels in the vicinity? Yes No

Use or dispose of potentially hazardous materials such as toxic substances, flammables, or explosives? Yes No

Create a substantial change in demand for municipal services (police, fire, water, sewage, etc.)? Yes No

Affect a historical or archeological site? Yes No

If any "yes" boxes were checked above, please explain: Processing medical waste by storing it and transporting it to proper disposal facility.

CERTIFICATION:

I hereby certify that the statements and information furnished are true and correct to the best of my knowledge.

Signature: [Signature] Date: 6/15/2016

Name (please print): George L. Musallam