

## Date: July 21, 2017

TO:

## MWSD Projects Only:

 Urban / Rural(E) Well: Y / N Year: 2nd Unit Project: $\mathrm{Y} / \overline{\mathrm{N}}$
$\qquad$ Building Department
California Coastal Commission
Department of Public Works
Environmental Health
Fire Department COASTSIDE FIRE PROTECTION DISTRICT
$X$ Midcoast Community Council
FROM: Olivia Boo, Project Planner
OBoo@smcgov.org
650 363-1818

## INSTRUCTIONS:

Please review this form and the attached planning permit application materials with regard to your area of responsibility. For additional information, or to discuss the project, please feel free to contact me. Please notify me immediately if you require additional plans, specifications, reports or other application materials. Then complete your review and return this form only by 08/04/2017 to avoid delay in permit processing. Thank you for your cooperation.

## APPLICATION INFORMATION:

| Planning Case Number | Property Owner | Project Applicant |
| :--- | :--- | :--- |
|  | NERHAN KEET | RON STEFANICK |
|  | 6507261590 | $650 / 4305740$ |

## Assessor's Parcel Number

037171860
PROJECT LOCATION: 9400 CABRILLO HWY, MOSS BEACH, CA 94038
PROJECT DESCRIPTION:
CDP to construct a $102 \mathrm{sq} / \mathrm{ft}$ planter at an existing gas station (on parcel zoned $\mathrm{C}-1 / \mathrm{S}-3 / \mathrm{DR}$ ). The planter is located along the Cabrillo Hwy frontage of the property within the Caltrans right-of-way (to address VIO2016-00054).


## Date: July 21, 2017

DECISION MAKER:


## COMMENTS ON PROPOSAL:

State any comments, concerns or recommendations you have with regard to this project. Please be specific in project references.
Attach additional sheets as necessary.
$\qquad$ No Comments $\qquad$ Refer to Permit Plan for Comments

Other Comments:

## RECOMMENDED CONDITIONS OF APPROVAL (AGENCIES ONLY):

List any conditions which you would recommend be imposed if the project is approved. Again, please be specific, use exact working and indicate any adopted plans, policies or ordinances upon which your recommendations are based. Attach additional sheets as necessary.
$\qquad$ No Recommended Conditions $\qquad$ Refer to Permit Plan for Comments

Refer to Attached Material for Conditions
Other Conditions:
$\qquad$
Phone: $\qquad$ Email:

## RETURN THIS FORM TO:

Olivia Boo
Planning and Building Department
455 County Center, 2nd Floor
Mail Drop PLN122
Redwood City, CA 94063

455 County Center, 2nd Floor - Redwood Cly CA 94063 Mail Drop: PLN 122 • TEL (650) 363-4161 •FAX (650) 363-4849

Planning Permit Application Form

pLn: 2017-00199
BLD:

Applican: RON STEFANICle For KN PROPENTIES
Malling Address: 20. BOX 1925 EL GRANAOA, CA 94018 Zip:
Phone, W: $6504305740 \quad \mathrm{H}:$
E-mal Address: ZON STGFANI CKCi CLCDDAX: COM

Name of Owner (ll) K K TR Raperties
Maing Aderess: PO BOX 158
Halz Moon bay ca

$$
\text { zp. } 94019
$$

Phorew: 6507264402
H:

Name of Owner (2):
Mailing Address:

Phone,W:
$\mathrm{H}:$


Project Location (address): 9400
CAP2RNCO +4
MoSS DRECH, CA 94038
Zoning:

Zip

List all elements of proposed project: (e.g. access, size and location, primary and accessory structures, well, septic, tank) install A 3i- $\times 34 \pm 0^{\prime \prime}$ CONCVETE planterr zox IN FUONT OF TAE FUEL ISLANDS ADJACGNT To CABrillo tigtway

Describe Existing Site Conditions/Features (e.g. topography, water bodies, vegetation):
BASICAUY FLAT ASPHALT COUZNED WITH CONCVETE SUVROND FUEC STATION ISLAND, EXISTINS SmACC phanter roox e NONTI BASTEVY CORNEV Oq LOT

Describe Existing Structures and/or Development:
Foon matt building,
propnat TANE \& FZEL is CAND CANOPR,
$\qquad$
$\qquad$

## County of San Mateo. <br> Environmental Information Disclosure Form <br> PLN 2017-00199 <br> ELD <br> $\qquad$

Project Address: 01400


Name of Owner: KA Proplevtres Address: PO box 158 A Ane Felon $2 a \cup$ Ca Q14017 Phone :65 of 7261590 Name of Applicant: RON GTEZANKCle Address: PO Box 1925 \&1 GIVnada, CA 94018 Phone: 6504305740

## Existing Site Conditions

Parcel size: 72,644
Describe the extent and type of all existing development and uses on the project parcel, including the existence and purpose of any easements on the parcel, and a description of any natural features on the project parcel (i.e. steep terrain,
 FURL island Copy w int Convene be- Len balance of

Environmental Review Checklist

1. California Environmental Quality Act (CEQA) Review

| Yes | No | Will this project involve: |
| :--- | :--- | :--- | :--- | :--- |
| $\square$ | $\square l$ | a. Addition to an existing structure $>50 \%$ of the existing area OR $>2,500 \mathrm{sq}$. ft? |

Please explain all "Yes" answers:
A prox inNATE $3 C$ OF QXISTINS ASPHALT ANS DASE MATEVNAL TZ ALlOW ZOVCONCUETB planter box CoNSTVUCTIOS

$$
\text { Signature required on reverse } \rightarrow
$$



## 3. National Pollutant Discharge Elimination System (NPDES) Review

| Yes | No | WIII the project involve: |
| :--- | :--- | :--- |
| $\square$ | ar <br> A subdivision or Commercial / Industrial Development that will result in the addition or replacement of <br> 10,000 sq. ft. or more of impervious surface? |  |
| If yes, Property Owner may be required to implement appropriate source control and site design |  |  |
| measures and to design and implement stormwater treatment measures, to reduce the discharge of |  |  |
| stormwater pollutants. Please consult the Current Planning Section for necessary forms and both |  |  |
| construction and post-construction requirements. |  |  |

## Dermifianon

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 the facts, statements and information presented are true and correct to the best of my knowledge and belief. If any of the facts represented hereghange, it is my responsibility to inform the County.



GENERAL NOTES



LEGEND
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$\longrightarrow$ orectow of surface dranace fion
(m) New, Or PRocoosso

DRAINAGE NOTES

GRADING NOTES


|  |
| :---: |
|  |  |

SECTION AND DETALL CONVENTION




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