



NAPA COUNTY
CONSERVATION, DEVELOPMENT & PLANNING DEPARTMENT
 1195 Third Street, Suite 210, Napa, California, 94559 • (707) 253-4416

APPLICATION FOR USE PERMIT

FOR OFFICE USE ONLY

ZONING DISTRICT: GI: AC

Date Submitted: 12/28/06

REQUEST: for an Auto dismantling
Company.

Date Complete: 10/30/08

Date Published: _____

ZA CDPC BS APPEAL

Hearing _____

Action _____

TO BE COMPLETED BY APPLICANT

(Please type or print legibly)

Applicant's Name: FAHIM NOORZAY, ISHAQ OSMAN

Telephone #: (707) 557-4300 Fax #: (707) 557-4333 E-Mail: CALAUTOINC@NETZERO.COM

Mailing Address: 1578 GREEN ISLAND RD AMERICAN CANYON CA 94503
No. Street City State Zip

Status of Applicant's Interest in Property: 2600 GREEN ISLAND RD

Property Owner's Name: FAHIM NOORZAY, ISHAQ OSMAN

Telephone #: (707) 557-4300 Fax #: (707) 557-4333 E-Mail: WWW.CALAUTOINC@NETZERO.COM

Mailing Address: SAME AS ABOVE
No. Street City State Zip

Site Address/Location: 2600 GREEN IS RD
No. Street City State Zip

Assessor's Parcel #: 058-060-004 Existing Parcel Size: 3 ACRES

I certify that all the information contained in this application, including but not limited to the information sheet, water supply/waste disposal information sheet, site plan, floor plan, building elevations, water supply/waste disposal system site plan and toxic materials list, is complete and accurate to the best of my knowledge. I hereby authorize such investigations including access to County Assessor's Records as are deemed necessary by the County Planning Division for preparation of reports related to this application, including the right of access to the property involved.

Signature of Applicant

Date

FAHIM NOORZAY
 Print Name

Signature of Property Owner

Date

ISHAQ OSMAN
 Print Name

TO BE COMPLETED BY CONSERVATION, DEVELOPMENT AND PLANNING DEPARTMENT

*Application Fee Deposit: \$ _____ Receipt No. _____ Received by: MD Date: _____

*Total Fees will be based on actual time and materials

INFORMATION SHEET

I. USE

- A. Description of Proposed Use (attached detailed description as necessary) (including where appropriate product/service provided): AUTO DISMANTLING
- B. Project Phases: ☒ one ☐ two ☐ more than two (please specify): _____
- C. Estimated Completion Date for Each Phase: Phase 1: _____ Phase 2: _____
- D. Actual Construction Time Required for Each Phase: ☐ less than 3 months
☐ More than 3 months
- E. Related Necessary On- And Off-Site Concurrent or Subsequent Projects: _____
- F. Additional Licenses/Approval Required:
District: _____ Regional: _____
State: D.M.V. Federal: _____

II. BUILDINGS/ROADS/DRIVEWAY/LEACH FIELD, ETC.

- A. Floor Area/Impervious area of Project (in square ft): 1400 sq ft EXISTING.
Proposed total floor area on site: _____
Total development area (building, impervious, leach field, driveway, etc.): _____
New construction: 5000 sq ft
existing structures or portions thereof to be utilized: 1140 sq ft
existing structures or portions thereof to be moved: _____
- B. Floor Area devoted to each separate use (in square ft):
living: _____ storage/warehouse: 400 sq ft offices: 740 sq ft
sales: _____ caves: _____ other: 5,000 sq ft
septic/leach field: _____ roads/driveways: _____ 4 ft.
- C. Maximum Building Height: existing structures: 9' new construction: _____
- D. Type of New Construction (e.g., wood-frame): _____
- E. Height of Crane necessary for construction of new buildings (airport environs): _____
- F. Type of Exterior Night Lighting Proposed: _____
- G. Viewshed Ordinance Applicable (See County Code Section 18.106): Yes _____ No _____
- H. Fire Resistivity (check one; If not checked, Fire Department will assume Type V - non rated):
☐ Type I FR ☐ Type II 1 Hr ☐ Type II N (non-rated) ☐ Type III 1 Hr ☐ Type III N
☐ Type IV H.T. (Heavy Timber) ☐ Type V 1 Hr. ☐ Type V (non-rated)
(Reference Table 6 A of the 2001 California Building Code)

III. PARKING

- | | Existing | Proposed |
|----------------------------------|----------|-------------|
| A. Total On-Site Parking Spaces: | <u>0</u> | <u>3023</u> |
| B. Customer Parking Spaces: | <u>0</u> | <u>2019</u> |
| C. Employee Parking Spaces: | <u>0</u> | <u>104</u> |
| D. Loading Areas: | | <u>2 ft</u> |

IV. TYPICAL OPERATION

	Existing	Proposed
A. Days of Operation:	<u>0</u>	<u>6 DAYS</u>
B. Expected Hours of Operation:	<u>0</u>	<u>8-5</u>
C. Anticipated Number of Shifts:	<u>0</u>	<u>1</u>
D. Expected Number of Full-Time Employees/Shift:	<u>0</u>	<u>4</u>
E. Expected Number of Part-Time Employees/Shift:	<u>0</u>	<u>0</u>
F. Anticipated Number of Visitors	<u>0</u>	<u>40</u>
• busiest day:	<u> </u>	<u> </u>
• average/week:	<u> </u>	<u> </u>
G. Anticipated Number of Deliveries/Pickups	<u>0</u>	<u>1</u>
• busiest day:	<u> </u>	<u>3</u>
• average/week:	<u> </u>	<u> </u>

V. SUPPLEMENTAL INFORMATION FOR SELECTED USES

A. Commercial Meeting Facilities
Food Serving Facilities

N/A

- restaurant/deli seating capacity:
- bar seating capacity:
- public meeting room seating capacity:
- assembly capacity:

B. Residential Care Facilities (6 or more residents)
Day Care Centers

N/A

- type of care:
- total number of guests/children:
- total number of bedrooms:
- distance to nearest existing/approved facility/center:

Existing

Proposed

WATER SUPPLY/WASTE DISPOSAL INFORMATION SHEET

I. WATER SUPPLY

	Domestic	Emergency
A. Proposed source of Water (eg., spring, well, mutual water company, city, district, etc.):	<u>Well</u>	<u>TANK</u>
B. Name of Proposed Water Supplier (if water company, city, district): annexation needed?	Yes ___ No <u>✓</u>	Yes ___ No ___
C. Current Water Use (in gallons/day): Current water source:	<u>0</u>	
D. Anticipated Future Water Demand (in gallons/day):		
E. Water Availability (in gallons/minute):		
F. Capacity of Water Storage System (gallons):		
G. Nature of Storage Facility (eg., tank, reservoir, swimming pool, etc.):	<u>NO</u>	
F. Completed Phase I Analysis Sheet (Attached):		

II. LIQUID WASTE

	Domestic (sewage)	Other (please specify)
A. Disposal Method (e.g., on-site septic system on-site ponds, community system, district, etc.):	<u>EXISTING</u>	<u>SEPTIC hold and haul st</u>
B. Name of Disposal Agency (if sewage district, city, community system): annexation needed?	<u>N/A</u>	
C. Current Waste Flows (peak flow in gallons/day):	Yes ___ No ___	Yes ___ No ___
D. Anticipated Future Waste Flows (peak flows in gallons/day):	<u>Same</u>	
E. Future Waste Disposal Capacity (in gallons/day):		

III. SOLID WASTE DISPOSAL

A. Operational Wastes (on-site, landfill, garbage co., etc.):	<u>GARBAGE CO</u>
B. Grading Spoils (on-site, landfill, construction, etc.):	

IV. HAZARDOUS/TOXIC MATERIALS (Please fill out attached hazardous materials information sheet, attached)

A. Disposal Method (on-site, landfill, garbage co., waste hauler, etc.):	<u>WASTE HAULER</u>
B. Name of Disposal Agency (if landfill, garbage co., private hauler, etc.):	<u>BIL SKY</u>



Napa County Department of Environmental Management
CUPA-Related Business Activities Form

Business Name: _____

Business Address: 2600 GREEN IS RP AMERICAN CANYON

Contact: FAHIM NOORZAY

Phone #: 707 557 4300 510 7197618

A. HAZARDOUS MATERIALS

Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in AST's and UST's or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 C.R. Parts 30, 40 or 70)?

☒ YES ☐ NO

B. UNDERGROUND STORAGE TANKS (UST's)

1. Own or operate underground storage tanks?

☐ YES ☒ NO

2. Intend to upgrade existing or install new UST's:

☐ YES ☒ NO

C. ABOVE GROUND STORAGE TANKS (AST's)

Own or operate AST's above these thresholds:

- Any tank capacity with a capacity greater than 660 gallons, or
- The total capacity for the facility is greater than 1,320 gallons?

☐ YES ☒ NO

D. HAZARDOUS WASTE

1. Generate hazardous waste?

☐ YES ☐ NO

2. Recycle more than 220 lbs/month of excluded or exempted recyclable materials (per H&SC §25143.2)?

☐ YES ☒ NO

3. Treat hazardous waste on site?

☐ YES ☒ NO

4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?

☐ YES ☒ NO

5. Consolidate hazardous waste generated at a remote site?

☐ YES ☒ NO

E. OTHER

1. Does the business activity include car/fleet washing, mobile detailing, auto body related activities?

☐ YES ☐ NO

2. Does the business handle Extremely Hazardous Substances in amounts that would qualify for the Risk Management Program? Some examples and their thresholds common to Napa County include: Ammonia - 500 lbs, Sulfur Dioxide - 500 lbs, Chlorine - 500 lbs.

☐ YES ☒ NO