

APPLICATION FOR USE PERMIT

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 FEB 4 1997

FOR OFFICE USE ONLY

NAPA CO. CONSERVATION
 DEVELOPMENT & PLANNING DEPT.

ZONING DISTRICT: PD

FILE NO: 910411

REQUEST: _____

Date Submitted: FEB 4, 1997

Date Complete: _____

(SEE ATTACHED DESCRIPTION)

Date Published: _____

ZA CDPC BS APPEAL

Hearing _____

Action _____

TO BE COMPLETED BY APPLICANT
 (please print or type)

Applicant's Name: ST. HELENA HOSPITAL

Telephone #: (707) 963-6495

Address: 650 SANITARIUM RD DEER PARK
 No Street City

CA. 94576
 State ZIP

Status of Applicant's Interest in Property: OWNER

Property Owner's Name: SAME AS ABOVE

Telephone #: (707) 963-6495

Address: SAME AS ABOVE
 No Street City

State ZIP

Site Address (if any): _____
 No Street City

Assessor's Parcel #: SEE ATTACHED DRAWING

Existing Parcel Size: MULTIPLE PARCELS - See FIRST AMERICAN TITLE CO REPORT.

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, plot plan, floor plan, building elevations, water supply/waste disposal system plot 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.

Stan Tempchin Dir of Facility Services For
St. Helena Hospital 12/31/96
 Signature of Applicant Date
STAN TEMPCHIN
 PRINT NAME

Stan Tempchin 1/27/97
 Signature of Property Owner Date
STAN TEMPCHIN
 PRINT NAME

TO BE COMPLETED BY CONSERVATION, DEVELOPMENT AND PLANNING DEPARTMENT

\$1081.00 Receipt # 051765

Received by: R. Nelson

Date 2/17/97 (CPD 012-17-97)

RECEIVED

FEB 4 1997

INFORMATION SHEET

NAPA CO. CONSERVATION
DEVELOPMENT & PLANNING DEPT.

I USE

- A. Description of Proposed Use (including where appropriate product/service provided):
SEE ATTACHED DESCRIPTION OF PROPOSED USE
- B. Project Phases: one two more than two (please specify) N/A
- C. Estimated Completion Date for Each Phase: Phase 1: N/A Phase 2: _____
- D. Actual Construction Time Required for Each Phase: less than 3 months
N/A More than 3 months
- E. Related Necessary On- And Off-Site Concurrent or Subsequent Projects: N/A
- F. Additional Licenses/Approval Required: N/A
District: _____ Regional: _____
State: _____ Federal: _____

II BUILDINGS NO CHANGE TO EXISTING

- A. Floor Area of Project (in square ft): proposed total floor area on site: _____
new construction: _____
existing structures or portions thereof to be utilized: _____ existing structures or portions thereof to be removed: _____
- B. Floor Area Devoted to each separate use (in square ft):
living: _____ storage/warehouse: _____ offices: _____
sales: _____ other (_____): _____
- C. Maximum Building Height: existing structures: _____ new construction: _____
- D. Type of New Construction (e.g., wood-frame): _____
- E. Type of Exterior Night Lighting Proposed: _____

III PARKING NO CHANGE TO EXISTING

	Existing	Proposed
A. Total On-Site Parking Spaces:	_____	_____
B. Customer Parking Spaces:	_____	_____
C. Employee Parking Spaces:	_____	_____
D. Loading Areas:	_____	_____

1/ 28/ 97

St Helena Hospital Use Permit Request:

1. With submittal of this use permit St. Helena Hospital is requesting authorization for remodel and/ or expansion of residential structures within the PD District with out the need to file a use permit. Approval would allow residential projects to proceed through the normal course of the Development and Planning Department processes as though they were located in an RS Zone.

2. The Hospital request that remodels of existing non-residential facilities within the PD designation be allowed without use permit approval when the remodel does **not** change the already authorized designated use for the structure / structures involved. All projects would, of course, require Development and Planning Department approvals as required. See attached list of Building and Structure Information.

3. The Hospital request that certain facilities be designated as "flex" space. Two "flex" space designations are requested for use:

- A. Administrative / Commercial / Residential
- B. Administrative / Commercial

The facilities which are requested to be designated as flex space are delineated on the Hospitals updated Master Development Plan and the attached list of Building and Structure Information, both of which have been submitted with this use permit.

St. Helena Hospital

— Adventist Health

650 Sanitarium Road
P. O. Box 250
Deer Park, CA 94576
707-963-3611
Fax 707-963-6461

March 30, 2005

RE: St. Helena Hospital Water System

St. Helena Hospital is the owner and operator of the St. Helena Hospital water system, system number 2800625, which is regulated by the California Department of Health Services.

As such, the hospital's water system is committed to providing adequate service to both the hospital complex and the homes currently served. The water system's supply potential well exceeds the system demand. The hospital sees no change in its delivery status to its existing customers or to the hospital campus.

Should you have need of further information regarding the St. Helena Hospital water system as it pertains to this use permit application please contact me at my office phone 707-963-6495 or my fax number of 707-967-5617.

Regards,



Stan Tempchin
Executive Director Facility Services

IV. TYPICAL OPERATION	<u>Existing</u>	<u>Proposed</u>
A. Days of Operation:	<u>7</u>	<u>7</u>
B. Expected Hours of Operation:	<u>24</u>	<u>24</u>
C. Anticipated Number of Shifts:	<u>3</u>	<u>3</u>
D. Expected Number of Full-Time Employees/Shift:	<u>275 (max)</u>	<u>275 (max)</u>
E. Expected Number of Part-Time Employees/Shift:	<u>150 (max)</u>	<u>150 (max)</u>
F. Anticipated Number of Visitors		
• busiest day:	<u>350</u>	<u>350</u>
• average/week:	<u>1800</u>	<u>1800</u>
G. Anticipated Number of Deliveries/Pickups		
• busiest day:	<u>15</u>	<u>15</u>
• average/week:	<u>60</u>	<u>60</u>
V. SUPPLEMENTAL INFORMATION FOR SELECTED USES		
A. Commercial Meeting Facilities Food Serving Facilities		
• restaurant/deli seating capacity:	<u>N/A</u>	
• bar seating capacity:	<u> </u>	
• public meeting room seating capacity:	<u> </u>	
• assembly capacity:	<u> </u>	
B. Residential Care Facilities (6 or more residents) Day Care Centers		
• type of care:	<u>Existing</u>	<u>Proposed</u>
• total number of guests/children:	<u>N/A</u>	<u> </u>
• total number of bedrooms:	<u>N/A</u>	<u> </u>
• distance to nearest existing/approved facility/center:	<u>N/A</u>	<u> </u>

WATER SUPPLY/WASTE DISPOSAL INFORMATION SHEET

I. WATER SUPPLY

	<u>Domestic</u>	<u>Emergency</u>
A. Proposed source of Water (eg., spring, well, mutual water company, city, district, etc.):	<u>Well, Water Co.</u>	_____
B. Name of Proposed Water Supplier (if water company, city, district): annexation needed?	<u>St. Helena Hospital</u> <u>St. Lic. #2800625</u> Yes ___ No <u>x</u>	<u>St. Helena Hospital</u> <u>St. Lic. #2800625</u> Yes ___ No <u>x</u>
C. Current Water Use (in gallons/day): Current water source:	<u>233,000</u> <u>St. Helena Hospital</u> <u>water system</u>	<u>355,000</u> <u>St. Helena Hospital</u> <u>water system</u>
D. Anticipated Future Water Demand (in gallons/day):	<u>No change</u>	<u>No change</u>
E. Water Availability (in gallons/minute):	<u>246</u>	<u>246</u>
F. Capacity of Water Storage System (gallons):	<u>1,562,000</u>	<u>1,562,000</u>
G. Nature of Storage Facility (eg., tank, reservoir, swimming pool, etc.):	<u>Concrete & Steel Tanks</u>	<u>Concrete & Steel Tanks</u>
F. Completed Phase I Analysis Sheet (Attached):		

II. LIQUID WASTE

	<u>Domestic</u> (sewage)	<u>Other</u> (please specify)
A. Disposal Method (e.g., on-site septic system on-site ponds, community system, district, etc.):	<u>Pond Treatment System</u>	_____
B. Name of Disposal Agency (if sewage district, city, community system): annexation needed?	<u>N/A</u> Yes ___ No ___	_____ Yes ___ No ___
C. Current Waste Flows (peak flow in gallons/day):	<u>42,000 GPD</u>	
D. Anticipated Future Waste Flows (peak flows in gallons/day):	<u>No change</u>	_____
E. Future Waste Disposal Capacity (in gallons/day):	<u>No change</u>	_____

III. SOLID WASTE DISPOSAL

A. Operational Wastes (on-site, landfill, garbage co., etc.): Upper Valley Waste Disposal _____

B. Grading Spoils (on-site, landfill, construction, etc.): On-site/Landfill

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

A. Disposal Method (on-site, landfill, garbage co., waste hauler, etc.): Waste Hauler

B. Name of Disposal Agency (if landfill, garbage co., private hauler, etc.): Stericide
Safety-Kleen Corp

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FEB 4 1997

NAPA CO. CONSERVATION
DEVELOPMENT & PLANNING DEPT.

HAZARDOUS MATERIALS
INFORMATION SHEET

List all acutely\extremely hazardous materials that will be used or stored at the site:

C.A.S.# Chemical Name Physical State Largest Amount

ON FILE WITH NAPA COUNTY - S.H.H. HAZARDOUS MATERIALS MANAGEMENT PLAN

NO CHANGE IN USE OF HAZARDOUS MATERIALS WITH THIS APPLICATION.

List the hazardous materials that are stored or handled at any one time, equal to or greater than any one of the following amounts: 500 pounds of solids, 55 gallons of liquids, 200 cubic feet of compressed gasses (s.t.p.). Aggregate amounts of the same hazard class are considered one type of hazardous material and must be listed individually below.

C.A.S.# Chemical Name Physical State Largest Amount

- SEE NOTE ABOVE -

If you are unsure about the C.A.S. #, etc., your distributor or supplier should be able to provide you with a M.S.D.S. (Material Safety Data Sheet) which will contain that information. Your Workman's Compensation Insurer and the local libraries may also have access to this information.

If you are a tenant, you are responsible for proper notification to the property owner.

NAPA COUNTY CONSERVATION, DEVELOPMENT AND PLANNING COMMISSION

1195 Third Street, Rm 210 Napa, California 94559
(707) 253-4416

NEW FILE NO:
P07-00856-TM

APPLICATION FOR TENTATIVE PARCEL MAP OR TENTATIVE SUBDIVISION MAP

RECEIVED
JAN 30 1997

For Office Use Only

GENERAL PLAN/SPECIFIC PLAN DESIGNATION: Rural Residential

NAPA CO. CONSERVATION - PM
DEVELOPMENT & PLANNING DEPT.

ZONING DISTRICT: PD (#RSB-5 proposed to be PD)

File No: 96475

REQUEST: A request to subdivide property (7

Date Filed: Jan 30, 1997

parcels totaling approx. 59 acres into 31 parcels)

Date Published: _____

to create 25 new parcels within a partially existing

ZA CDPC BS Appeal

and partially proposed PD district for the purpose

Hearing _____

of locating existing dwelling units on separate

Action _____

parcels for ownership and financing purposes.

To Be Completed By Applicant (Please Print or Type)

Applicant's Name: Albion Surveys, Inc.

Telephone (707) 963-1217

Address: 1336 Oak Ave. "B", St Helena, CA 94574
No Street City State ZIP

APN(s): 21-110-015, 21-400-011
See Application Map

Status of Applicant's Interest in Property: Land Surveyor

Property Owner's Name: St Helena Hospital, c/o Mr. Stan Tempchin

Address: 850 Sanitarium Road, Deer Park, CA 94576
No Street City State ZIP

Telephone (707) 963-6495

Existing Parcel Size(s): 18 acres & 50 acres

Proposed Parcel Size(s) Varies, See App. Map

Purpose for Division: Create Individual Lots for Existing Houses

Vesting Map? Yes No

I certify that the above statements are correct and that the information contained on the accompanying Parcel/Subdivision Map is accurate. 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.

J. M. Will 1/30/97
Signature of Applicant Date

Stan Tempchin For
St Helena Hospital 1/24/97
Signature of Property Owner Date

Submit with check or money order for \$1800 (parcel map)/\$1850 (subdivision) payable to the County of Napa, no part of which shall be refundable, to the Conservation, Development and Planning Department.

Receipt No. 05729 (for 1725, + P.L. Acc 125.) Received by R. Nida 1/30/97 CDPD (12-17-92) 5

WATER SUPPLY/WASTE DISPOSAL INFORMATION

I. PROPOSED WATER SUPPLY

Domestic

Emergency

A. Source of Water (eg., spring, well, mutual water company, city, district, etc):

SPRINGS + WELLS

SPRINGS + WELLS

B. Name of Water Supplier (if water company, city, district):
Annexation needed?

St. HELENA HOSPITAL
Yes ___ No X

St. HELENA HOSPITAL
Yes ___ No X

C. Water Availability (in gallons/minute):

246

246

D. Capacity of Water Storage System (in gallons):

1,562,000

1,562,000

E. Nature of Storage Facility (eg., tank, reservoir, swimming pool, etc):

CONCRETE + STEEL TANKS

CONCRETE + STEEL TANKS

II. PROPOSED LIQUID WASTE DISPOSAL

Domestic
(sewage)

Other
(Please specify)

A. Disposal Method (e.g., on-site septic system, on-site ponds, community system, district, etc.):

PHYSICAL CHEMICAL WASTE TREATMENT PLANT

B. Name of Disposal Agency (if sewage district, city, community system):
Annexation needed?

St. HELENA HOSPITAL
Yes ___ No X

Yes ___ No ___

**NAPA COUNTY
 CONSERVATION, DEVELOPMENT AND PLANNING COMMISSION
 1195 Third Street, Rm 210 Napa, California 94559 (707) 253-4416**

APPLICATION FOR A ZONE CHANGE

NEW FILE NO:

P07-00857-RZ

FOR OFFICE USE ONLY

ZONING DISTRICT: RS-B-5

File No: 96473-RZ

REQUEST: REZONE PROPERTIES OWNED

Date Filed: FEB 4, 1997

BY THE HOSPITAL FOR FROM RS-B-5 TO PD

Date Published: _____

Date Posted: _____

Hearing ZA CDPC BS

Action _____

TO BE COMPLETED BY APPLICANT

Applicant's Name: Albion Surveys, Inc., Jon Webb

Telephone # 963-1217

Address: 1336 Oak Ave, "B", St Helena, CA 94574

Assessor's # 21-400-11, See App Map

Status of Applicant's Interest in Property: Land Surveyor

Property Owner's Name: St Helena Hosp, Stan Tempchin

Telephone #: 963-6495

Address: 850 Sanitarium Road, Deer Park, 94576

PLEASE ATTACH A COMPLETE LEGAL DESCRIPTION OF THE PROPERTY.

Zone Change: From RS-B5 To PD Text change: _____

Explain fully the reason for zone change or zoning text change: Zone Change Will Allow Owner to Create Seperate Lots for Existing Houses

I certify that the above statements are correct and that the plot plan is accurate.

[Signature]
 SIGNATURE OF APPLICANT

DATE

[Signature]
 SIGNATURE OF PROPERTY OWNER

1/24/97
 DATE

Submit with a check or money order in the amount of \$995.00 dollars, payable to the County of Napa, no part of which shall be refundable, to the Conservation, Development and Planning Department.

TO BE COMPLETED BY CONSERVATION, DEVELOPMENT AND PLANNING DEPARTMENT

\$995.00 _____
 Receipt Number

RECEIVED BY _____
 Conservation Development & Planning Department

ST. HELENA HOSPITAL

St Helena Hospital filed three applications with the Department in 1997:

1) Rezoning Request #96473-RZG

To rezone 19 parcels totaling 22.6 acres from RS:B-5 to PD for the purpose of creating separate lots or existing residences and putting the residences owned by the Hospital under the Master Plan

2) Use Permit Request #96474-UP

To update the Master Development Plan for St. Helena Hospital and to add future development projects including a new parking lot, four-story parking garage & storage building, and to authorize without further use permit approval the remodeling and expansion of existing residential structures, remodeling existing non-residential facilities with no change in use, and allowing flex use of existing designated structures to allow either Administrative/Commercial/Residential or Administrative/Commercial

3) Tentative Subdivision Request #96475-PM

To subdivide 7 parcels totaling approx 59 acres into 31 parcels to create 25 new parcels within a partially existing and partially proposed PD district for the purpose of locating existing dwelling units on separate parcels for ownership and financing. (The individual d.u.'s could be renovated, enlarged or replaced under a concurrent Master Plan modification)

Background:

In 1992 the Hospital wanted to expand an existing residence in the PD District. While ultimately we approved the expansion as a minor change, it brought up the whole issue of expansion of existing residences and the bigger issue that hospitals were not listed as allowed uses for the Rural Residential designation, and that if they wanted to subdivide and provide housing similar to PUC, they would have to meet the 10 acre minimum parcel size. Think Mel was contacted. The Department was asked to come up with solutions to the problem. In 1993, a memo was drafted outlining 4 possible alternatives (I have copy if you want to see it). They chose to pursue Solution IV and submitted a General Plan Amendment in 1994.

In 1995, General Plan Amendment #GPA 93-03 was adopted by the County amending the text of the Residential Policies for Rural Residential areas and Standards for Rural Residential in the Land Use policies in the Land Use

Element to recognize existing major medical care (facilities licensed with a minimum of 100 beds) as a general use and indicating the minimum parcel size as 10 acres, except that all permitted commercial development, and legal residential structures in Deer Park existing on December 31, 1994 and master planned as part of St. Helena Hospital may be allowed on smaller parcels depending on the type of facility, services available, and surroundings.

With regard to the proposals submitted for processing, there were concerns regarding the narrow road serving the existing residences on the Hospital parcel. They want exceptions to allow reduced setbacks. There were questions on the right-of-way, improvements, fire access and impacts of improvements including tree removal.

**ST. HELENA HOSPITAL MASTER PLAN, ZONE CHANGE UPDATE
AND TENTATIVE SUBDIVISION MAP PROJECT NARRATIVE REVISED OCTOBER 2007**

In 1997, the St. Helena Hospital submitted a master plan update including a proposed Zone Change (96473-RZG), corresponding Use Permit (96474-UP) and Tentative Map (96475-PM-Subdivision). The intent of the Zone Change and Tentative Subdivision Map was to expand the St. Helena Planned Development Zone (PD) and create individual lots for existing homes owned by the hospital. In addition, the Use Permit requested authorization for remodel and/or expansion of residential structures within the PD District without the need to file a use permit, only a building permit; that remodels of existing non-residential facilities within the PD designation be allowed without use permit approval when the remodel does not change the already authorized designated use for the structure / structures involved; and that certain facilities be designated as "flex" space.

After several years of inactivity, hospital representatives and County staff have committed to resume processing of all three applications in a timely manner. As a result, the hospital is updating the previous submittal with a revised access road plan and tentative map plan per feedback from County staff. Additionally, the updated package includes a Fire Management Plan, per the request of representatives from the California Department of Forestry (CDF), and a parking exhibit and open space plan demonstrating conformance with the PD requirements. Due to the unique nature of the application, conformance with the PD parking requirements is demonstrated using the "cluster development" methodology. Meaning each individual lot may not meet the PD parking requirement, but the "cluster" of lots as a whole meets the required number of parking spaces. A majority of the lots have been created in conformance with Napa County building setbacks. However, some of the lots will require a variance to the setback requirements. These variances are noted on the Tentative Map. Non-conforming fences that may exist at this time will remain as they are currently. At the time these fences are replaced, they will be built to Napa County Standards.