FILE # P09-00536-UP

A Tradition of Stewardship
A Commitment to Service

NAPA COUNTY
CONSERVATION, DEVELOPMENT & PLANNING DEPARTMENT
1195 Third Street, Suite 210, Napa, California, 94559 • (707) 253-4417

APPLICATION FORM

FOR OFFICE USE ONLY

ZONING DISTRICT: RS : UR
TYPE OF APPLICATION: SPECIAL USE PERMIT
REQUEST: SPECIAL USE PERMIT FOR QUASI-PUBLIC USE.

Date Submitted: 12-16-2009
Date Published: _____
Date Complete: _____

TO BE COMPLETED BY APPLICANT
(Please type or print legibly)

CURRENT OWNER
DENNIS & KAREN VEIEN
2020 IMOLA AVE.

PROJECT NAME: Piners Ambulance Service
Assessor's Parcel #: 046-311-012
Existing Parcel Size: .47
Site Address/Location: 2020B Imola Ave (No. Street) Napa (City) (State) 94558 (Zip)
Property Owner's Name: Gary Piner
Mailing Address: 1820 Pueblo Ave (No. Street) Napa (City) (State) 94558 (Zip)
Telephone #: (707) 224-7925 Fax #: (707) 255-0332 E-Mail: Gary@Piners.net
Applicant's Name: Jeremy Piner
Mailing Address: 1820 Pueblo Ave (No. Street) Napa (City) (State) 94558 (Zip)
Telephone #: (707) 224-3123 Fax #: (707) 255-0332 E-Mail: Jeremy@Piners.NET
Status of Applicant's Interest in Property: PROPERTY IS IN ESCROW
Representative Name: Jeremy Piner
Mailing Address: — Same as above — (No. Street) (City) (State) (Zip)
Telephone # ( ) _____ Fax #: ( ) _____ E-Mail: _____

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 Property Owner — 12/15/09 Date
Gary Piner
Print Name

Signature of Applicant — Date
Jeremy Piner
Print Name

TO BE COMPLETED BY CONSERVATION, DEVELOPMENT AND PLANNING DEPARTMENT

*Application Fee Deposit: $ 3,000.00 Receipt No. 78407 Received by: TA Date: 12/18/09

*Total Fees will be based on actual time and materials

IV. TYPICAL OPERATION

		Existing	Proposed
A.	Days of Operation:	7/wk	7/wk
B.	Expected Hours of Operation:	24 hrs.	24 hrs
C.	Anticipated Number of Shifts:	STAFF ARE REGULARLY SCHEDULED to 48 hour WORK SHIFTS.	SAME
D.	Expected Number of Full-Time Employees/Shift:	2/day	2/day
E.	Expected Number of Part-Time Employees/Shift:	0	0
F.	Maximum Number of Visitors • busiest day:	2	2
	• average/week:	3	3
G.	Anticipated Number of Deliveries/Pickups • busiest day:	0	0
	• average/week:	0	0

V. SUPPLEMENTAL INFORMATION FOR SELECTED USES

A. Commercial Meeting Facilities
Food Serving Facilities

• restaurant/deli seating capacity:	0	N/A
• bar seating capacity:	0	
• public meeting room seating capacity:	0	
• assembly capacity:	0	

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

	Existing	Proposed
• type of care:	N/A	N/A
• total number of guests/children:		
• total number of bedrooms:		
• distance to nearest existing/approved facility/center:		

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.):	City Services	Bottled
B. Name of Proposed Water Supplier (if water company, city, district): annexation needed?	Napa City ☐Yes ☑No	☐Yes ☐No
C. Current Water Use (in gallons/day): Current water source:		
D. Anticipated Future Water Demand (in gallons/day):		
E. Water Availability (in gallons/minute):		
F. Capacity of Water Storage System (gallons):	0	0
G. Nature of Storage Facility (eg., tank, reservoir, swimming pool, etc.):	0	0
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.):	City Services	
B. Name of Disposal Agency (if sewage district, city, community system): annexation needed?	Napa City ☐Yes ☑No	☐Yes ☐No
C. Current Waste Flows (peak flow in gallons/day):		
D. Anticipated Future Waste Flows (peak flows in gallons/day):		
E. Future Waste Disposal Capacity (in gallons/day):		

III. SOLID WASTE DISPOSAL		
A. Operational Wastes (on-site, landfill, garbage co., etc.):		
B. Grading Spoils (on-site, landfill, construction, etc.):	N/A	

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

A. Disposal Method (on-site, landfill, garbage co., waste hauler, etc.):	MEDICAL WASTE IS DISPOSED AT HEADQUARTERS - 1820 PUEBLO AVE - NAPA ONLY.
B. Name of Disposal Agency (if landfill, garbage co., private hauler, etc.):	STERI CYCLE, INC.

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

Business Name: Piner Napa Ambulance

Business Address: 2020 Imola Ave

Contact: Jeremy Piner **Phone #:** 224-3123

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 CFR Parts 30, 40 or 70?	☐ YES ☒ NO
B. UNDERGROUND STORAGE TANKS (UST's) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new UST's?	☐ YES ☒ NO ☐ 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? 2. Recycle more than 220 lbs/month of excluded or exempted recyclable materials (per H&SC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site?	☐ YES ☒ NO ☐ YES ☒ NO ☐ YES ☒ NO ☐ YES ☒ NO ☐ YES ☒ NO
E. OTHER 1 Does the business activity include car/fleet washing, mobile detailing, auto-body related activities? 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 ☐ YES ☒ NO

and Carneros Region, except for areas specified as groundwater deficient areas. Groundwater deficient areas are areas that have been determined by the public works department as having a history of problems with groundwater. All other areas are classified as Mountain Areas. Please circle your location classification below (Public Works can assist you in determining your classification if necessary):

Valley Floor	1.0 acre feet per acre per year
Mountain Areas	0.5 acre feet per acre per year
MST Groundwater Deficient Area	0.3 acre feet per acre per year

Assessors Parcel Number(s)	Parcel Size (A)	Parcel Location Factor (B)	Allowable Water Allotment (A) X (B)

Step #3:

Using the guidelines in Attachment A, tabulate the existing and projected future water usage on the parcel(s) in acre-feet per year (af/yr). Transfer the information from the guidelines to the table below.

EXISTING USE:		**PROPOSED USE:**	
Residential	_____ af/yr	Residential	_____ af/yr
Farm Labor Dwelling	_____ af/yr	Farm Labor Dwelling	_____ af/yr
Winery	_____ af/yr	Winery	_____ af/yr
Commercial	_____ af/yr	Commercial	_____ af/yr
Vineyard*	_____ af/yr	Vineyard*	_____ af/yr
Other Agriculture	_____ af/yr	Other Agriculture	_____ af/yr
Landscaping	_____ af/yr	Landscaping	_____ af/yr
Other Usage (List Separately):		Other Usage (List Separately):	
_____	_____ af/yr	_____	_____ af/yr
_____	_____ af/yr	_____	_____ af/yr
_____	_____ af/yr	_____	_____ af/yr
TOTAL:	_____ af/yr	**TOTAL:**	_____ af/yr
TOTAL:	_____ gallons**	**TOTAL:**	_____ gallons**

PROPERTY USES NAPA CITY WATER AND SEWER.

*Water use for vineyards should be no lower than 0.2 AF—unless irrigation records are available that show otherwise.

**To determine your existing and proposed total water use in gallons, multiply the totals (in acre- feet) by 325,821 gal/AF.

Is the proposed use less than the existing usage ( ) Yes ( ) No (X) Equal

Step #4:

Provide any other information that may be significant to this analysis. For example, any calculations supporting your estimates, well test information including draw down over time, historical water data, visual observations of water levels, well drilling information, changes in neighboring land uses, the usage if other water sources such as city water or reservoirs, the timing of the development, etc. Use additional sheets if necessary.

Conclusion: Congratulations! Just sign the form and you are done! Public works staff will now compare your projected future water usage with a threshold of use as determined for your parcel(s) size, location, topography, rainfall, soil types, historical water data for your area, and other hydrogeologic information. They will use the above information to evaluate if your proposed project will have a detrimental effect on groundwater levels and/or neighboring well levels. Should that evaluation result in a determination that your project may adversely impact neighboring water levels, a phase two water analysis may be required. You will be advised of such a decision.

Signature: _____ **Date:** 12-15-09 **Phone:** 707 224 3023

TRAFFIC INFORMATION

Project Trip Generation

	Personnel / Visitors				Vehicle Trips			
	Operations Daily M – F	Marketing Events – NONE Minimum Weekends	Maximum Weekends		Operations Daily M – F	Marketing Events Minimum Weekends	Maximum Weekends	
Operating Hours								
Employees				**Employee Trips**				
Full-Time	2	2	2	Full-Time	7-10	4-5	4-5	
Seasonal Peak	2	2	2	Seasonal Peak	10-12	7-8	7-8	
Peak Hours	8-3 pm	CONSTANT		Peak Hours	8-3	CONSTANT		
Total Employees	2	2	2	**Total Employee Trips** AVG.	7-10	4-5	4-5	
Event Support Staff				Event Support Staff				
Full-Time		Ø		Full-Time		Ø		
Seasonal Peak				Seasonal Peak				
Total Support Staff				**Total Support Staff Trips**				
Visitors	2	2	2	Visitor Trips	2	2	2	
Peak Hours	1	1	1	Peak Hours	1	1	1	
Total Visitors	3	3	3	**Total Visitor Trips**	3	3	3	
				Total Trucks – Deliveries, Shipping, etc. Trips	NONE – CREW PICKS UP AND RETRIEVES THERE OWN SUPPLIES, FOOD, ETC.			
Grand Total								
Provide supporting documentation for trip generation rates								
Submit separate spreadsheets for existing & proposed operations, include a trip generation grand total.								

SUMMER PERIOD – JUNE-JULY-AUGUST IS SLIGHTLY MORE BUSY THEN THE REST OF THE YEAR FOR MEDICAL CALLS.

Number of People Onsite

	Full-Time	Seasonal Peak	Marketing Events	Marketing Events	Marketing Events
No. Employees					
Support Staff, caterers, clean-up, etc.	Ø	Ø	Ø	Ø	Ø
Visitors	2	2			
Residents	2	2	Ø	Ø	Ø
Grand Total					

APPS-Traffic Information

Attachment A

Description of Proposed Use.

There are two homes on the site.

Home A: A smaller single family residence on the east side of the property. To be used as an "ambulance substation".

One ambulance and two crew members will be residing in this home. Typically a crew is scheduled at this location for rotating 48 hour periods. A property layout is provided showing ambulance parking and the crew member's personal vehicle parking area on the property. There is ample space on the property for parking. There will be no street parking.

The ambulance and crew will be deployed from this location 7-10 times daily to respond to both emergency and non-emergency medical calls within an approximate 3 mile geographic area. It is agreed that use of the ambulance siren will not occur until the ambulance is approximately 500 feet from this property.

The ambulance attendants assigned to this location, as well as all State of California ambulance personnel, are required to successfully pass a physical exam which certifies they are in excellent physical health, without handicap, free of physical defect and able to adequately perform the duties of a very strenuous occupation. At no time would a person in a wheelchair or with a significant sight, hearing or mental impairment qualify to work as an ambulance attendant. We would agree to make any necessary "accessibility changes",if and when, we should employ such an individual.

The substation will have no public interaction.

The ambulance crew typically will use the substation to rest – sleep, watch television, use the computer, cook and prepare meals, shower and generally wait around for the next medical call.

Home B: A larger home on the west side of the property will be used as a family residence.

Google maps

Directions to 2020 Imola Ave, Napa, CA 94559
482 ft

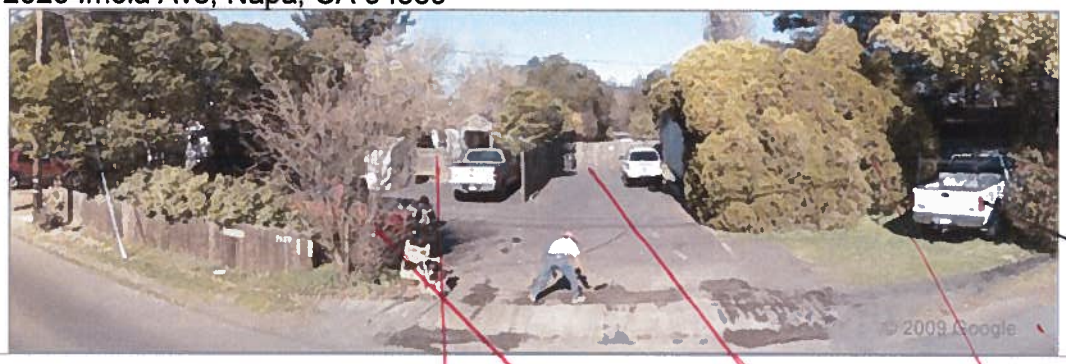
A 2002 Imola Ave, Napa, CA 94559

Current Ambulance Parking & Quarters

1. Head **east** on **Imola Ave** — **go 482 ft**
Destination will be on the left — total 482 ft

2020 Imola

B 2020 Imola Ave, Napa, CA 94559



not permitted by us

Main House

Ambulance Parking behind gate

Crew Quarters

2+ parking for Crews

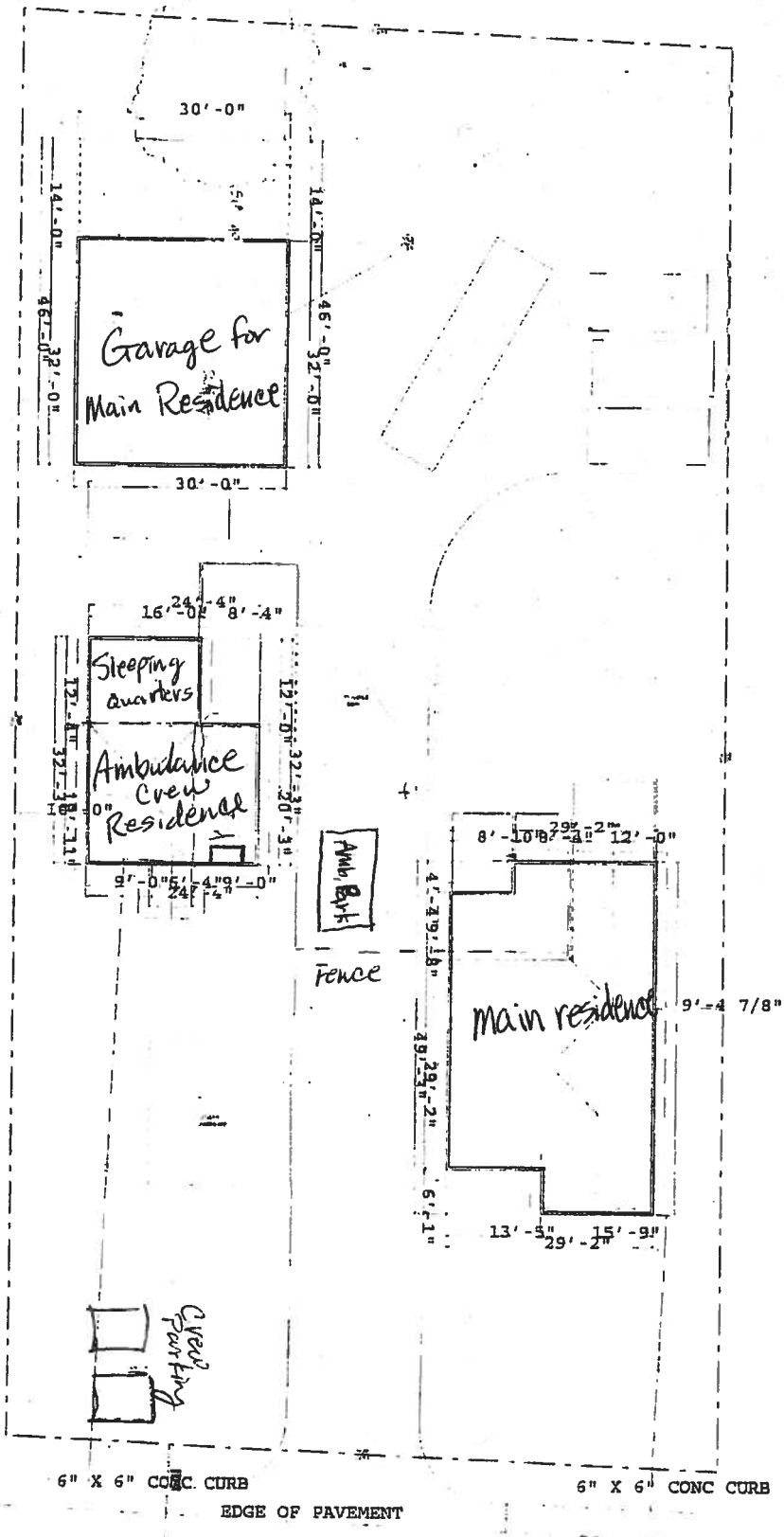
Map of Landmark Builders (707) 554-6260

YAHOO!

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.

New Site

Current Site


30'-0"
14'-0"
46'-0"
32'-0"
Garage for Main Residence
30'-0"
16'-0"
24'-4"
8'-4"
Sleeping quarters
Ambulance Crew Residence
12'-6"
32'-10"
12'-0"
32'-3"
30'-3"
9'-0"
5'-4"
9'-0"
24'-4"
Amb Park
Fence
8'-10"
29'-2"
12'-0"
4'-4"
9'-1"
main residence
9'-4 7/8"
39'-2"
29'-2"
6'-1"
13'-5"
29'-2"
15'-9"
Crew Parking
6" X 6" CONC. CURB
EDGE OF PAVEMENT
6" X 6" CONC CURB
EDGE OF PAVEMENT
8' CHAIN LINK FENCE

Google maps

Directions to 2020 Imola Ave, Napa, CA 94559
482 ft