FILE # P10-00057-MOD

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: _____ Date Submitted: 2/22/10

TYPE OF APPLICATION: _____ Date Published: _____

REQUEST: _____ Date Complete: _____

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

PROJECT NAME: INGLEWOOD Village Business PARK

Assessor's Parcel #: 027-120-063 Existing Parcel Size: 2.89 ACS.

Site Address/Location: 813-827 S. St. Helena Hwy NAPA, CA
No. Street City State Zip

Property Owner's Name: INGLEWOOD BUSINESS PARTNERS LLC.

Mailing Address: 318 DIABLO RD., STE 250 DANVILLE, CA 94526
No. Street City State Zip

Telephone #: (925) 820-2110 Fax #: (925) 820-3931 E-Mail: REGENCY ENTERPRISE @ AOL.COM

Applicant's Name: Phillip L. Smith

Mailing Address: P.O. BOX 98 ACAMPO CA 95220
No. Street City State Zip

Telephone #: (209) 747-3098 Fax #: (209) 368-9731 E-Mail: JULIESMITH@SBCGLOBAL.NET

Status of Applicant's Interest in Property: AGENT FOR THE OWNER

Representative Name: _____

Mailing Address: _____
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 2/19/10 Date

Signature of Applicant Phillip L. Smith 2/19/10 Date

Print Name WILLIAM F. KARTOZIAN, MANAGER INGLEWOOD BUS. PARTNERS, LLC

Print Name Phillip L. Smith, PROJECT MGR.

TO BE COMPLETED BY CONSERVATION, DEVELOPMENT AND PLANNING DEPARTMENT

*Application Fee Deposit: $ 5,000.- Receipt No. _____ Received by: TA Date: 2/22/10

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): MODIFICATION OF USE PERMIT # 99077-UP AS MODIFIED BY # P04-0428-MOD, TO ALLOW MEDICAL OFFICE AS A PERMITED USE.

B. Project Phases: [ ] one [ ] two [X] more than two (please specify): ALL COMPLETE

C. Estimated Completion Date for Each Phase: Phase 1: COMPLETE Phase 2: COMPLETE

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: COMPLETE

F. Additional Licenses/Approval Required:

District: ____ Regional: ____
State: ____ Federal: ____

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

A. Floor Area/Impervious area of Project (in square ft): ~~21,493~~ 22,948 RENTABLE
Proposed total floor area on site: SAME
Total development area (building, impervious, leach field, driveway, etc.) ____
New construction: YES

existing structures or portions thereof to be utilized: 6345 S.F. MEDICAL

existing structures or portions thereof to be moved: ____

B. Floor Area devoted to each separate use (in square ft):

living: ____ storage/warehouse: ____ offices: ____
sales: ____ caves: ____ other: ____
septic/leach field: ____ roads/driveways: ____

C. Maximum Building Height: existing structures: ____ 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:	121	
B. Customer Parking Spaces:	N/A	
C. Employee Parking Spaces:	N/A	
D. Loading Areas:	N/A	

IV. TYPICAL OPERATION	Existing	Proposed
A. Days of Operation:	6	
B. Expected Hours of Operation:	8A.M to 8P.M.	
C. Anticipated Number of Shifts:	1	
D. Expected Number of Full-Time Employees/Shift:	17 for MEDICAL	
E. Expected Number of Part-Time Employees/Shift:	N/A	
F. Maximum Number of Visitors • busiest day:	EST. @ 50	
• average/week:		
G. Anticipated Number of Deliveries/Pickups • busiest day:		
• average/week:		

V. SUPPLEMENTAL INFORMATION FOR SELECTED USES

A. Commercial Meeting Facilities
Food Serving Facilities

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

N/A

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

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

N/A

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 of St. Helena for Bldg use	Well for Landscape use
B. Name of Proposed Water Supplier (if water company, city, district): annexation needed?	☐Yes ☒No	☐Yes ☒No
C. Current Water Use (in gallons/day): Current water source:	WATER & FIRE AGREEMENTS are in place	
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.):		
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.):	ONSITE PRESSURE SYSTEM in PLACE	
B. Name of Disposal Agency (if sewage district, city, community system): annexation needed?	☐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.):	GARBAGE Co.	
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.):		
B. Name of Disposal Agency (if landfill, garbage co., private hauler, etc.):		

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

Business Name: INGLEWOOD Village BUSINESS PARK

Business Address: 813-827 So. St. Helena Hwy.

Contact: Phil Smith **Phone #:** (209) 747-3098

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?	☐ 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

THE PHILLIP L. SMITH COMPANY, LTD.

February 21, 2010

Sean Trippi, Principal Planner
Napa County Conservation, Development and Plannning
1195 Third Street, Suite 210
Napa, California 94559

Re: Inglewood Village Business Park Use Permit Modification Request

Attached is a deposit check for $5000.00 and a completed application requesting a modification of Use Permit #99077-UP as modified by # P04-0428-MOD, to allow Medical Office at Inglewood Village Business Park.

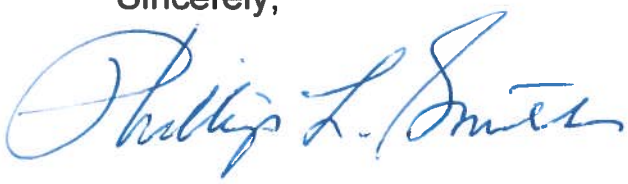
St. Helena Hospital wishes to occupy 5700 useable square feet on the ground floor of Building "C". The total rentable square footage of the floor is 6345 square feet. At 5 cars per 1000 s.f. this will require 32 parking spaces. The balance of the total project area of 16,596 s.f. for general office, computed at 4 cars per 1000 s.f. requires 66 parking spaces. We have 121 parking spaces constructed, which leaves an excess of 23 spaces.

We have adequate water for fire protection and domestic use through our agreements with the City of St. Helena. We use our well for all landscape irrigation. We also feel that since our EIR provided for much heavier traffic generators than we can employ in the project via our Use Permit, the traffic impacts from this Medical Office Use are more than adequately covered.

P.O. Box 98 • Acampo, California 95220
Phone: (209) 368-9732 • Cell: (209) 747-3098
Fax: (209) 368-9731 • Email: juliesmith@softcom.net

Our attorney has reviewed the Napa County Zoning Ordinance and our Use Permit and feels that this process should be no more than a minor modification of our Use Permit, and since time is absolutely of the essence in this matter, we would ask you to reconsider your decision to not process this application on that basis. It is critical, time wise, to the Hospital and also to the health of the project in this ugly real estate market.

Sincerely,



Phillip L. Smith
Agent for
Inglewood Business Partners, LLC

PLS:js

Inglewood Village - Bldg C

	FLOOR AREA	R/U Load Factor	RENTABLE AREA
1ST FLOOR			
TENANT USABLE AREA	5,700	1.113	6345
MEN	281		
WOMEN	155		
SHARE OF BLDG COMMON AREA	209		
TOTAL FLOOR RENTABLE	**6,345**		
FLOOR R/U (LOAD FACTOR)	1.113		
2ND FLOOR			
OFFICE #1 - KNIGHTS BRIDGE	1325	1.204	1596
OFFICE #2 - VACANT	1750	1.204	2107
OFFICE #3 - VACANT	1583	1.204	1906
OFFICE #4 - PAHLMEYER	2430	1.204	2926
TOTAL	7088		8536
HALL/RESTROOMS	1187		
SHARE OF BLDG COMMON AREA	261		
TOTAL FLOOR RENTABLE	8536		
FLOOR R/U (LOAD FACTOR)	1.204		
BUILDING			
TOTAL BLDG USABLE	12,788		
1ST FLR SHARE BLDG AREA	0.446		
2ND FLR SHARE BLDG AREA	0.554		
LOBBY	306		
ELEC + UTILITY CLOSET	164		
TOTAL	470		