



CITY OF MANTECA

COMMUNITY DEVELOPMENT DEPARTMENT

ENVIRONMENTAL QUESTIONNAIRE

(To Be Completed by Applicant)

This document will assist the Community Development Department in evaluating the proposed project and its potential environmental impacts. Complete and accurate information will facilitate the environmental assessment, review, and minimize future requests for additional information. Please contact the Community Development Department, 1001 W. Center Street, Manteca, CA 95337, (209) 456-8500 if there are any questions concerning environmental issues or zoning.

APPLICANT'S STATEMENT OF INTENT (DESCRIBE THE PROPOSED PROJECT): New solar photovoltaic arrays mounted on carport canopies to be installed in the existing parking lot.

SUBDIVISION NAME OR PROPOSED COMMON NAME OF PROJECT: Solar Carport Arrays at Manteca Hospital

PROPERTY OWNER'S NAME: Kaiser Foundation Hospitals

Mailing Address: 1 Kaiser Plaza, OAKLAND, CA 94612

Telephone: Business () 510-271-5800 Home () _____

Applicant's Name: _____ Phone () _____

Address: _____

PROJECT SITE INFORMATION:

Property Address or Location: 1777 W. Yosemite

Property Assessor's Parcel Number(s): 20018034, -37, -39, -42, -43, -44, -17, -16, -40, -41, -35, 20014031

Property Dimensions: _____

Property Area: Square Footage 800,633 SF (combined site) Acreage 18.3 acres

Site Land Use: Undeveloped/Vacant _____ Developed Hospital / MOB

If developed, give building(s) square footage _____

Existing Zoning of Project Site: PD

Proposed Zoning (if applicable): No change

DESCRIBE ADJACENT ZONING AND EXISTING LAND USE WITHIN 300 FEET OF PROJECT SITE:

Zone	Existing land use (i.e. residential, commercial, industrial)
North <u>PD - vacant</u>	
South <u>CMU - vacant / restaurant</u>	
East <u>CMU - vacant</u>	
West <u>CMU - vacant</u>	

SITE CHARACTERISTICS

Describe the project site as it exists before the project, including information on topography, soil stability, plants and animals, and any cultural, historical or scenic aspects (if applicable): Fully developed - hospital / MOB site.

Are there any trees, bushes, or shrubs on the project site? Yes Are any to be removed? Yes

If yes, attach site plan indicating location, size and type of all trees, bushes and shrubs on the site that are proposed for removal.

Attached.

Will the project change water body or ground water quality or quantity, or alter existing drainage patterns?

No If yes, explain: _____

If there are structures on the project site, attach site plan indicating location of structures and provide the following information:

Present Use of Existing Structure(s): Hospital / MOB

Proposed Use of Existing Structure(s): Carport canopies with solar arrays

Are any structures to be moved demolished? no If yes, indicate on site plan which structures are proposed to be moved or demolished.

Describe Age, Condition, Size and Architectural Style of all existing on-site structures (include photos): _____

PROPOSED BUILDING CHARACTERISTICS

Size of New Structure(s) or Building Addition(s) in gross square feet: 6 new carport structures - 34,178 SF total

Building Height in feet (measured from ground to highest point): 14' tall maximum

Height of other appurtenances, excluding buildings, measured from ground to highest point (i.e. antennas, mechanical equipment, light poles, etc.):

Project Site Coverage: Building Coverage: _____ Sq. Ft. _____%

Landscaped Area: _____ Sq. Ft. _____%

Paved Surface Area: _____ Sq. Ft. _____%

Total: _____ Sq. Ft. _____%

Exterior Building Materials: EIFS, glass

Exterior Building Colors: Beige, tan

Roof Materials: Roof with parapet walls

Total Number of Off Street Parking Spaces Provided: 489

Describe the type of exterior lighting proposed for the project (height, intensity): Replacement lighting with be undercanopy

Building _____ Parking mounted.

Estimated Construction Starting Date: 12/17 Estimated Completion Date: 3/18

If the proposal is a component of an overall larger project, describe phases and show them on the site plan: _____

RESIDENTIAL PROJECTS

Total Lots: _____ Total Dwelling Units: _____ Total Acreage: _____

Net Density/Acre: _____ Gross Density/Acre: _____

	Single Family	Two Family Duplex	Multiple Family Apartments	Multiple Family Condominiums
Number of Unit				
Acreage				
Square Feet/Unit				
For Sale or Rent				
Price Range				
Type of Unit				
Studio				
1 Bedroom				
2 Bedroom				
3 Bedroom				
4+ Bedroom				

COMMERCIAL, INDUSTRIAL, MANUFACTURING, OR OTHER PROJECT

Type of Use(s) Parking canopy

Expected Influence: Regional _____ Citywide _____ Neighborhood none

Total Occupancy/Capacity of Building(s) _____

Total Number of Fixed Seats: _____ Total Number of Employees: _____

Anticipated Number of Employees Per Shift: _____

Square Footage of: Office Area _____ Warehouse Area _____

Sales Area _____ Storage Area _____ Loading Area _____ **Other: 34,178 sf**

Total Number of Visitors/Customers on site at any one time: _____

Other Occupants (if applicable): _____

Will the proposed use involve any toxic or hazardous materials or waste? (Explain) No.

NOTE: IF THE PROJECT SITE IS ON OR NEAR A HISTORICAL SITE, ARCHAEOLOGICAL SITE, LANDFILL SITE, RIVER, FLOODPLAIN, FREEWAY, RAILROAD, OR AIRPORT, THEN SPECIFIC TECHNICAL STUDIES MAY BE REQUIRED. APPLICANTS ARE ENCOURAGED TO CONTACT THE DEVELOPMENT SERVICES DEPARTMENT AT THE EARLIEST POSSIBLE OPPORTUNITY TO DETERMINE THE POSSIBLE NEED AND SCOPE OF SUCH STUDIES.

AS THE APPLICANT/AGENT FOR THIS PROPOSAL I HEREBY STATE THAT, TO THE BEST OF MY KNOWLEDGE, THE ABOVE ANSWERS AND STATEMENTS ARE TRUE AND COMPLETE.

Jenifer Weskalnies

Signature of Applicant/Agent

7-17-17

Date

Jenifer Weskalnies, Architect

Print Name and Title of Applicant/Agent

480-285-3800

Phone Number