

# Planning Application


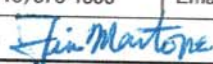
## PJR-001

**Application Type(s):**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Admin Cert. Compliance          | <input type="checkbox"/> Design Review Admin.          | <input type="checkbox"/> Minor Subdivision            | <input type="checkbox"/> Use Permit                 |
| <input type="checkbox"/> Ag. or Timber Preserve/Contract | <input checked="" type="checkbox"/> Design Review Full | <input type="checkbox"/> Voluntary Merger             | <input type="checkbox"/> Variance                   |
| <input type="checkbox"/> Conditional Cert. of Compliance | <input type="checkbox"/> General Plan Amendment        | <input type="checkbox"/> Ordinance Interpretation     | <input type="checkbox"/> Zone Change                |
| <input type="checkbox"/> Cert. of Modification           | <input type="checkbox"/> Lot Line Adjustment           | <input type="checkbox"/> Second Unit Permit           | <input checked="" type="checkbox"/> Other: PJR- 128 |
| <input type="checkbox"/> Coastal Permit                  | <input checked="" type="checkbox"/> Major Subdivision  | <input type="checkbox"/> Specific/Area Plan Amendment | Housing Development                                 |
| <input type="checkbox"/> Zoning Permit for: _____        |  |   |   |

File # \_\_\_\_\_

**By placing my contact information (name, address, phone number, email address, etc.) on this application form and submitting it to Sonoma County PRMD, I understand and authorize PRMD to post this application to the internet for public information purposes, including my contact information.**

PRINT CLEARLY			
<b>APPLICANT</b>		<b>OWNER (IF OTHER THAN APPLICANT)</b>	
Name Eldridge Renewal, LLC		Name State of California	
Mailing Address 3255 West March Lane, Suite 400		Mailing Address 707 3rd Street, 5th Floor	
City Stockton	State CA	Zip 95219	
City West Sacramento	State CA	Zip 95605	
Day Ph (209) 473-6000	Email mskelton@grupe.com	Day Ph (916) 376-1800	Email jim.martone@dgs.ca.gov
Signature 	Date 02/09/24	Signature 	Date 02/09/24
<b>Billing Responsible Party (At-Cost Only)</b> <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Other:			
OTHER PERSONS TO RECEIVE CORRESPONDENCE			
Name/Title Keith Rogal		Name/Title	
Mailing Address 3255 West March Lane, Suite 400		Mailing Address	
City Stockton	State CA	Zip 95219	
City	State	Zip	
Day Ph ( )	Email keith@sdccommunity.com	Day Ph ( )	Email
PROJECT INFORMATION			
Address(es) 15000 Arnold Drive, Eldridge, CA 95431		City Eldridge	
Assessor's Parcel Number(s) 054-090-001-000, 054-150-005-000, 054-150-010			
Project Description Refer to the attached PJR-128 Application Materials			
Acreage Approximately 180 Acres		Number of new lots proposed 930	
Site Served by Public Water? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Site Served by Public Sewer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY PRMD STAFF			
Planning Area	Supervisorial District	<input type="checkbox"/> Critical Habitat	<input type="checkbox"/> Urban Service
Current Zoning		<input type="checkbox"/> NPDES	<input type="checkbox"/> Williamson Act
		Specific/Area Plan	Groundwater <input type="checkbox"/> 1 / 2
		Parcel Specific Policy	Availability <input type="checkbox"/> 3 / 4
General Plan Land Use		Subject to CEQA <input type="checkbox"/> EX	
Application resolve planning violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Violation? <input type="checkbox"/> Yes <input type="checkbox"/> No    File No.	
Previous Files		Penalty application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Application accepted by		Date	
Approved by		Date	