

PJR 128 | 1 - APPLICATION FORMS

Planning Application

PJR-001

Application Type(s):

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

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					
APPLICANT			OWNER (IF OTHER THAN APPLICANT)		
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
Billing Responsible Party (At-Cost Only) <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 <u>Refer to the attached PJR-128 Application Materials</u>					
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	Groundwater	<input type="checkbox"/> 1 / 2
Current Zoning		<input type="checkbox"/> NPDES	<input type="checkbox"/> Williamson Act	Availability	<input type="checkbox"/> 3 / 4
General Plan Land Use		Specific/Area Plan		Subject to	<input type="checkbox"/> EX
		Parcel Specific Policy		CEQA	<input type="checkbox"/> YES
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			



INDEMNIFICATION AGREEMENT

PJR-011

As part of this application, applicant agrees to defend, indemnify, release and hold harmless the County, its agents, officers, attorneys, employees, boards and commissions from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void or annul the approval of this application or the adoption of the environmental document which accompanies it. This indemnification shall include, but not be limited to, damages, costs, expenses, attorney fees or expert witness fees that may be asserted by any person or entity, including the applicant, arising out of or in conjunction with the approval of this application, whether or not there is concurrent passive or active negligence on the part of the County. If, for any reason any portion of this indemnification agreement is held to be void or unenforceable by a court of competent jurisdiction, the remainder of the agreement shall remain in full force and effect."

Applicant Name: Matthew Skelton

Applicant Signature: [Handwritten Signature]

Owner Name: JIM MARTONE

Owner Signature: [Handwritten Signature]

Date: 2/12/24

File No.: _____

NOTE: The purpose of the Indemnification Agreement is to allow the County to be held harmless in terms of potential legal costs and liabilities in conjunction with permit processing and approval.

AT COST PROJECT REIMBURSEMENT PJR-095

Project File: _____; request for _____.

I, _____, the undersigned, hereby authorize the County of Sonoma to process the above referenced permit request in accordance with the Sonoma County Code. I am depositing \$ _____ as a *minimum* deposit to pay for County staff review, coordination and processing costs related to my permit request based on actual staff time expended and other direct costs. **In making this deposit, I acknowledge and understand that the deposit may only cover a portion of the total processing costs. Actual costs for staff time are based on hourly rates adopted by the Board of Supervisors in the most current Sonoma County fee schedule. I also understand and agree that I am responsible for paying these costs even if the application is withdrawn or not approved.**

I understand and agree to the following terms and conditions of this Reimbursement Agreement:

1. Time spent by County of Sonoma staff in processing my application and any direct costs will be billed against the available deposit. **"Staff time" includes, but is not limited to, time spent reviewing application materials, site visits, responding by phone or correspondence to inquiries from the applicant, the applicant's representatives, neighbors and/or interested parties, attendance and participation at meetings and public hearings, preparation of staff reports and other correspondence, processing of any appeals, responding to public records act requests or responding to any legal challenges related to the application. "Staff" includes any employee of the Permit and Resource Management Department (PRMD), the Department of Transportation and Public Works and/or the Office of the County Counsel.**
2. Staff will review the application for completeness and provide me with a good faith estimate of the full cost of processing the permit. This good faith estimate will be included in an At-Cost Fee Agreement The At-Cost Fee Agreement shall be signed by the party responsible for payment of fees, and the requested additional deposit shall be submitted to PRMD to allow continued processing of the project.
3. If processing costs exceed the available deposit, I will receive quarterly invoices payable within 30 days of billing.
4. I understand that the County desires to avoid incurring permit processing costs without having sufficient funds on deposit. If staff determines that inadequate funds are on deposit for continued processing, staff shall notify me in writing and request an additional deposit amount estimated necessary to complete processing of my application. I agree to submit sufficient funds as requested by staff to process the project through the hearing process within 30 days of the request.
5. If the final cost is less than any additional deposits requested by the County (deposits that exceed the initial minimum deposit described above), the unused portion of the additional deposit will be refunded to me within 60 days of final project action.
6. If the final cost is more than the available deposit, I agree to pay the difference within 30 days of billing.
7. If I fail to pay any invoices or requests for additional deposits within 30 days, the County may either stop processing my permit application, or after conducting a hearing, deny my permit application. If I fail to pay any invoices after my application is approved, I understand that my permit may not vest and may expire, or may be subject to revocation.

- 8. If the County determines that any study submitted by the applicant requires a County-contracted consultant peer review, I will pay the actual cost of the consultant review. This cost may vary depending on the complexity of the analysis. Selection of any consultant for a peer review shall be at the sole discretion of the PRMD Director or his designee. The estimated cost of the peer review shall be paid prior to the County initiating any peer review by consultant.
- 9. I agree to pay the actual cost of any public notices for the project as required by State Law and Local Ordinance.
- 10. I may, in writing, request a further breakdown or itemization of invoices, but such a request does not alter my obligation to pay any invoices in accordance with the terms of this agreement.
- 11. I agree to pay all costs related to permit condition compliance as specified in any conditions of approval for my permit/entitlement.

Note: This agreement does not include other agency review fees or the County Clerk Environmental Document filing fees.

Name of Property Owner or Corporate Principal Responsible or Appointed Designee for Payment of all County Processing Fees *(Please Print)*:

Name of Company or Corporation *(if applicable)*:

Mailing Address of the Property Owner or Corporation/Company responsible for paying processing fees:

If a Corporation, please attach a list of the names and titles of Corporate officers authorized to act on behalf of the Corporation

Signature _____

Date _____

Email Address _____

Phone Number _____

***ATTENTION - The property owner (or Corporate principal) will be held responsible for all charges.**