PLANNING APPLICATION



Community Development Department 39550 Liberty Street, P.O. Box 5006, Fremont, CA 94537-5006 510 494-4440 information | 510 494-4443 appointments

PLN2008-00190

WORK ORDER NUMBER:__

08 PLN 0190



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DEC 18 '07

APPLICANT - PLEASE PRINT CLEARLY AND FILL IN ALL APPLICABLE SECTIONS							
PROJECT NAME: (one letter per box) GMAUTO	DEVELOPMENT						
PROJECT SITE ADDRESS: 42992 BOYCE ROA	8 43191 BUSCELL ROAD						
APN: 531-0220-015-03	APN: 531 - 0220-017-						
APN:	APN:						
PROJECT DESCRIPTION: ZONE CHANGE 4	CELERAL PLAN ALIENDMENT						
FOR RESEVELOPMENT OF	EXISTING CROSS-DOCK						
DISTRIBUTION FACILITY TO AUTOMOTIVE DEALERSHIPS							
APPLICANT: Name and mailing address of person requesting the filing of this application.	MAIN CONTACT PERSON: Person to be contact other than applicant regarding this application.						
NAME: DAVID FREDERICKSON	□ ARCHITECT □ ENGINEER □ TENANT ■ OTHER OULES PERCES FUTAT						
COMPANY: ARGONAUT HOLDINGS, INC.	NAME: GREGO BUTTERFIELD						
ADDRESS: 515 MARIN ST. # ZII CITY/STATE/ZIP: THOUSAND OAKS, CA 91360	COMPANY: GREGO BUTTERFILED ASSOCIATES						
•	ADDRESS: 130 WOOD ROAD						
PHONE #: (805) 373-9540 FAX#: (805) 373-9594	CITY/STATE/ZIP: COS CATOS , CA 95030						
E-MAIL ADDRESS: david. frederickson@ gm. com	PHONE #: (\$05)217-4705 FAX#: ()						
SIGNATURE: Sund und	E-MAIL ADDRESS:						
PROPERTY OWNER AUTHORIZATION:	Upon three days prior notice by City of Fremont staff, I shall provide access to the						
NAME: DALE SOBEK	subject site for City officials, staff, their agents, and consultants for the purpose of planning and development application review and inspection. Myself or my agent						
COMPANY: 1000 S. COPPORATION	may accompany such persons while they access the site. If I fail to respond to a request for access within three days, City officials, staff, their agents and consultants are authorized to enter onto the site for such review and inspection.						
ADDRESS: 43801 056000 ROAD	CHOOSE ONE: I am the sole owner and hereby authorize the filing of this application						
CITY/STATE/ZIP: FREWONT, CA 94539	I own the project site jointly with one or more persons and am empowered to authorize the filing of this application on behalf of my fellow property owners; or,						
PHONE #: (510) 226-0977 FAX#: (510) 226-0980	☐ I own the project site in conjunction with one or more persons who are listed with their acknowledgement and authorization for the filing of this application attached						
E-MAIL ADDRESS: dsobek @ 6000 scorp. com	for additional property owner authorization/acknowledgements. SIGNATURE:						
BILLING AUTHORIZATION: Person responsible for payment of project charges.							
I agree that the application fee submitted with this application is a deposit only. If	NAME: MUID FREDERICKSON						
the application is modified, an additional deposit or deposits may be required. The actual charges for the application(s) and any subsequent modifications will be based on staff time required to process the application, including modifications and	COMPANY: ARGONAUT HOLDINGS, INC.						
appeals. Progress billings will be made during the review of the project if charges exceed the deposit. Prompt payments of progress billings will assure continued staff	ADDRESS: 515 MARIN ST. #211						
review of the project. I also agree that the denial of the project does not relieve me of the payment of charges for the processing of the application. I acknowledge I will	CITY/STATE/ZIP: THOUSAND OURS, CA 913CO						
be issued a refund at the completion of the project review if excess funds have been paid.	PHONE #: (805) 373-9540 FAX#: (805) 373-9594						
I further agree to pay all fees charged for the processing of this application and any subsequent modification based on the current fee schedule, which is in effect at the time the work, is performed. Additionally, I authorize the City to offset any shortage in	E-MAIL ADDRESS: david, frederickson @ gm. com						
any other accounts I might have with the City with excess funds from this account. - The City reserves the right to offset any shortage in other accounts.	SIGNATURE:						

Staff use only								
ADM								
PRP *+	\$1,700	VAR			MIS CASE			
☐ ZA – new application *	\$ 850	☐ Variance		\$ 850	☐ Amusement Device	\$ 50		
☐ ZA Amend #	\$ 600				☐ Appeals to Planning Commission			
□ Lot Combo +	\$ 600	ENV			(Case No)	\$ 35		
☐ Lot Line Adjustment *	\$1,200	☑ EIA *		\$ 750	☐ Certificate of Compatibility *	\$ 100		
☐ Mod *	\$ 200	□ EIR*		\$	☐ Conditional Use Extension *	\$ 350		
a mos	V 200	☐ Consultant Service	es	\$	☐ DEX	\$ 200		
DES		PUD			☐ HARB - Sign	\$ 225		
DES DES	\$4,000	☐ PUD – new applica	ation *+	\$2,500	Large Family Day Care			
D DEM	\$1,800	☐ PUD Amend *+		\$3,000	a Public Hearing required	\$ 450		
DOL	\$1,800				a Public Hearing not required	\$ 150		
DOL (Wireless)	\$1,300	GEN _			☐ Mobile Home Cert.	\$ 100		
DOS (Second-Story)	\$1,800	Ø GPA *+		\$2,400	☐ Modification of Subdivision Regs.	\$ 200		
☐ HARB – Arch. Review *+	\$1,900	☐ Finding - Land Us	e (Gen. Pl.) *+	\$1,250	☐ ZA Extension	\$ 200		
☐ Prelim. Grading *+	\$1,600	DEV			☐ PSP	\$ 225		
☐ Private Street *+	\$ 700	☐ Develop. Agreer	nent	\$1,450	☐ PSP Amend	\$ 225		
		Develop. Agreem		\$ 500	TPM Ext. (#) *	\$ 300		
USE		, ,						
☐ Use Permit – new application *+	\$2,400	ANX				-		
☐ Use Permit Amend *+	\$2,400	☐ Ag Preserve: Cand	cel. *+	\$1,900	PLN DEPOSIT FEE SUBTOTAL	. \$		
☐ Finding – Architecture/Site *+	\$2,400	☐ Ag. Preserve: New	Contract *+	\$1,900	MIS FLAT FEE SUBTOTAL	\$		
REZ		OTHER						
Plan. District		☐ Certificate of Comp	liance *	\$1,000				
☐ Preliminary *+	\$1,000	☐ Easement Abando	amant *	\$1,200	TOTAL DEPOSITS			
☐ Precise *+	\$2,300	☐ Street Abandonme		\$1,200	AND/OR	- 10		
☐ Prefim. & Precise *+	\$4,800	☐ (Vest or Non-Vest)		Ψ1,500	FLAT FEES \$615	0		
☑ Maj. Amend # <u>P- 8% ·15</u> ++	\$3,000	Parcel Map No		\$1,900				
☐ Min. Amend # *+	\$1,500	☐ (Vest or Non-Vest)		Ψ1,500				
☐ Rezoning *+	\$1,000	Tract Map No		\$4,800		······································		
☐ Zoning Text Amendment *+	\$1,600	☐ Tentative Tract Ext		V 1,000	MEETING CODES:			
		Map No		\$1,800				
		OR LIST)		4 1,5 2 2	* = CTCC Meeting recommended			
				\$	+ = Applicant Meeting recommen	ded		
PREVIOUS ACTIONS AND APPLICATION FILE NUMBERS:								
COMMENTS:								
ABOVE TOE OF HILL? DYES DNC)							
ATLAS PAGE: 5 6 6 -C - 3	68	REVIEWED BY: 0	REVIEWED BY: ADMIN APC A CC		REC. DATE: 17 / 18 / BY: 07			
NOTIFICATION REQUIRED?	BUFF 300	FER DISTANCE:	PROJECT MAN	NAGER:				



