



# APPLICATION FOR DESIGN REVIEW

City of La Habra Planning Department  
201 East La Habra Blvd., P.O. Box 337, La Habra Ca 90633-0337  
Phone: (562) 383-4100 Fax: (562) 383-4476

Office Use Only

DR 2005

APPLICANT

Property Owner (s) mailing address

Name Los Altos XXV, LP

Address 1201 N. Magnolia, Ave.,  
Anaheim, CA 92801

Phone: Home ( ) \_\_\_\_\_

Work (714) 687-7057

Fax ( ) \_\_\_\_\_

E-mail Michelle.Gutierrez@northgatemarkets.com

Person to be contacted other than the property owner

Name Andrew Zertuche

Address 10 Edelman, Irvine, CA 92618

Phone 949 660-9128 x1290

Fax: 949 863-1581

E-mail azertuche@waremalcomb.com

Affiliation Architectural Project Manager

INFORMATION

Location of Property 1201 W. Whittier Blvd, La Habra, CA 90631

Legal Description of Property \_\_\_\_\_ Tract No. 1427 Lot No. 16 or Attached ( )

Assessors Parcel Number 017-0152-16

Present Use Retail Pet Store Present Zoning C-2 Commercial

PROPERTY OWNERS AFFIDAVIT

STATE OF CALIFORNIA  
COUNTY OF ORANGE  
CITY OF LA HABRA

I, (We) Carl Middleton, being duly sworn, depose and say that I am (we are) the owner (s)\* of the property involved in this petition and that the statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my (our) knowledge and belief and that I (we) have the intention to proceed with the application and understand that the application shall become null and void within six (6) months from the date this application is deemed incomplete as required by L.H.M.C. Section 18.08.120. In addition, I (we) have the intention to proceed with the actual construction work in accordance with these plans within one (1) year from the date of granting of this request and understand that this request if granted, becomes null and void if I (we) do not proceed with the actual construction work in accordance with these plans within one (1) year from the granting of this request.

SIGNED Carl Middleton

SIGNED \_\_\_\_\_

Subscribed and sworn to before me on this 12 day of AUGUST 2020

by Carl Middleton proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

[Signature]  
Signature



\*Power of attorney must accompany affidavit if signed by other than the actual owner of record.

## FOR OFFICE USE ONLY

Application and Fee Received By [Signature] Date 8/20/20



# APPLICATION FOR CONDITIONAL USE PERMIT

City of La Habra Planning Department  
110 East La Habra Blvd., P.O. Box 337, La Habra Ca 90633-0337  
Phone: (562) 383-4100 Fax: (562) 383-4476  
www.lahabracity.com

Office Use Only  
CUP \_\_\_\_\_

APPLICANT  
CONTACT  
INFORMATION  
REQUEST  
PROPERTY OWNERS AFFIDAVIT

**Property Owner(s)** (use mailing address)

Name Los Altos XXV, LP

Address 1201 N. Magnolia, Ave.,  
Anaheim, CA 92801

Phone: Home ( ) \_\_\_\_\_

Work (714) 687-7057

Fax ( ) \_\_\_\_\_

E-mail Michelle.Gutierrez@northgatemarkets.com

**Representative** (acting on behalf of the property owner(s))

Name David Reynolds

Address 10 Edelman, Irvine, CA 92618

Phone (714) 457-2936

Work: (949) 788-4170

Fax: (949) 863-1581

E-mail dreynolds@waremalcomb.com

Send all **short-term** correspondence to: Property Owner ( ) Representative ( )

Send all **long-term** correspondence to: Property Owner ( ) Representative ( )

Location of Property 1201 W. Whittier Blvd, La Habra, CA 90631

Legal Description of Property \_\_\_\_\_ Tract No. 1427 Lot No. 16 or Attached ( )

Assessors Parcel Number 017-0152-16

Present Use Vacant (Previously Retail Pet Store) Present Zoning C-2 Commercial

Please state what is intended to be done with the property which does not comply with the provisions of the Zoning code:

Shared Parking

STATE OF CALIFORNIA  
COUNTY OF ORANGE  
CITY OF LA HABRA

I, ~~(we)~~ Carl Middleton, being duly sworn, depose and say that I am ~~(we are)~~ the owner ~~(s)\*~~ of the property involved in this petition and that the statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my ~~(our)~~ knowledge and belief and that I ~~(we)~~ have the intention to proceed with the application and understand that the application shall become null and void within six (6) months from the date this application is deemed incomplete as required by L.H.M.C. Section 18.08.130. In addition, I ~~(we)~~ have the intention to proceed with the actual construction work in accordance with these plans within one (1) year from the date of granting of the Conditional Use Permit and understand that this Conditional Use Permit if granted, becomes null and void if I ~~(we)~~ do not proceed with the actual construction work in accordance with these plans within one (1) year from the granting of this Conditional Use Permit.

SIGNED Carl Middleton

SIGNED \_\_\_\_\_

Subscribed and sworn to before me on this 03 day of March 2021

by Carl Middleton proved to me on the basis of satisfactory evidence to be the person ~~(s)~~ who appeared before me.

\_\_\_\_\_  
Signature

\*Power of attorney must accompany affidavit if signed by other than the actual owner of record.

REQUIRED FINDINGS

The City Planning Commission is required to make a "Finding of Fact" based upon the following questions and answers and such other evidence as many be established at a public hearing. Granting of the request is dependent upon proof that all four conditions have been met.

- A. That the granting of such Conditional Use Permit will not be detrimental to the public welfare and will not unreasonably interfere with the use, possession and enjoyment of surrounding and adjacent properties and will not impair the character of the zone in which it is to be located.
- B. The subject site is physically suitable for the type of land use being proposed.
- C. The use is conditionally permitted within the subject zone and complies with the intent of all applicable provisions of this title.
- D. The granting of this Conditional Use Permit is consistent with the Comprehensive General Plan.

OPERATIONAL CHARACTERISTICS

Please list all relevant characteristics of your proposal/business including, but not limited to the following:

days and hours of operation, number of employees and a complete description of services provided.

2-story, 20,000 SF medical office building, which would be occupied by the St. Jude Heritage Medical Group, in its place. Subject to confirmation, the proposed MOB would operate Monday through Friday, between 8:00 AM and 5:00 PM; the hours of operation on Saturday may be limited, but could be closed similar to Sunday. There will be (22) Caregivers & (12-14) Physicians, Nurse Practitioners, Physician Assistants providing Safety, fitness and nutrition consulting, Treatment of cuts, sprains and broken bones, Diagnose and treat short-term illnesses, Annual health evaluations, Preventative care, Palliative care, Sports physicals, Treadmill testing, Women's health services, Allergy injections, Biopsy and excision of skin lesions, Administration of flu shots and immunizations, Basic Laboratory Services, Basic X-Ray Services and Provide Referrals to specialists.

NOTICE

Approval of your plans and specifications are subject to all conditions and requirements which may be imposed by the City of La Habra Planning Commission and/or City Council. This application shall become null and void within six months from the date of the project being deemed initially incomplete. An extension of six months may be approved by the Director of Community and Economic Development upon the submittal of a Continuance request fee, as per the fee schedule to cover the costs of extending the application.

The approval of your plot plans and specifications SHALL NOT be held to permit or approve any omission or deviation from, or any violation of the provisions of any city codes or ordinances or state laws except for the above specifically requested conditional use under a section of the City of La Habra Zoning Code.

**FOR OFFICE USE ONLY:**

Application and Fee Received By [Signature] Date 3/10/21



# ENVIRONMENTAL DESCRIPTION

City of La Habra Planning Department  
 110 East La Habra Blvd., P.O. Box 337, La Habra Ca 90633-0337  
 Phone: (562) 383-4100 Fax: (562) 383-4476

ACTION # _____
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Property Owner	Name of Representative
Name <u>Los Altos XXV, LP</u>	Name <u>Andrew Zertuche</u>
Address <u>1201 N. Magnolia, Ave.,</u> <u>Anaheim, CA 92801</u>	Address <u>10 Edelman, Irvine, CA 92618</u>
Phone: Home ( ) _____	Phone (949) <u>660-9128 x1290</u>
Work (714) <u>687-7057</u>	Fax: (949) <u>863-1581</u>
Fax ( ) _____	E-mail <u>azertuche@waremalcomb.com</u>
E-mail <u>Michelle.Gutierrez@northgatemarkets.com</u>	

### A. Project Location

1. Please attach: a) Plot Plan, b) Map showing location, c) [optional] any Photographs which will assist in determining the significance of any impact.
2. Address 1201 W. Whittier Blvd., La Habra, CA
3. Nearest street intersections Idaho St. & Whittier Blvd.

### B. Project Description

1. Projected land area (square feet or acres) azertuche@waremalcomb.com
2. Proposed Use Outpatient Clinic
3. Relationship to surrounding area:

	Existing Area	Existing Zoning
Area to the north	Residential	R1B
Area to the south	Commercial	C2
Area to the east	Commercial & Residential	C-2 & R4
Area to the west	Commercial	C2

4. Is the subject site located within 1,000 feet of any School, Hospital or Extended Care Facility?  
 Yes  No  Name of Facility La Habra High School
5. What is the trip generation of the project? 696 trips daily
6. Is the Project located within 1,000 feet of an adjacent City? NO What City? \_\_\_\_\_
7. Will the project be developed in phases? Yes  No 
  - a) Explain timing: N/A
  - b) Timing for public improvements: N/A
8. For Residential developments:
  - a. Type of unit [single family, condo, apt, etc.] \_\_\_\_\_
  - b. Number of units N/A
  - c. Size of units N/A
  - d. Anticipated selling price or rental rate N/A

9. For new commercial or industrial developments:
- a. Describe type or types of commercial or industrial activities proposed
  - b. Size of building(s) 2-story 20,438 s.f.
  - c. What is the anticipated number of jobs to be generated by the project after completion?  
We anticipate up to 20 job postings associated with this initiative.
  - d. Number of off-street parking spaces \_\_\_\_\_
  - e. Where is the closest comparable project in terms of size or type of activity?  
1835 Sunnycrest Drive, Fullerton, CA 92835
  - f. What type of equipment will be utilized for the business?  
X-Ray, Exam Tables, Ultrasound Machine, Basic I.T. equipment, Autoclave etc.
  - g. Describe truck traffic as a result of the proposal:
    - a. During construction? Flatbed Truck dropping off supplies daily
    - b. After occupancy? Single Box Truck dropping off supplies daily

- |     |   | YES                                 | NO                                  |
|-----|---|-------------------------------------|-------------------------------------|
| 10. | During construction or operation will the project:  |                                     |                                     |
| a.  | Emit dust, ash, smoke, fumes or odors?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b.  | Alter any existing drainage patterns?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| c.  | Create substantial demand for energy or water?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| d.  | Discharge water of poor quality?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| e.  | Increase noise levels on site or adjoining areas?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| f.  | Generate abnormally large amounts of solid waste or litter?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| g.  | Store, use or dispose of potentially hazardous materials such as toxic substances, flammables or explosives?    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| h.  | Require abnormally high demands of such services as police, fire, sewer, schools, water, etc.                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11. | After construction will you or any future occupant of this facility:  |                                     |                                     |
| a.  | Use any internal combustion engines greater than 50 horsepower?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b.  | Mix, blend, or process any solvents, adhesives, or coatings?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| c.  | Create any dust or smoke?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| d.  | Refine any liquids or solids, or reclaim any metals?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| e.  | Plate or coat anything?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| f.  | Handle or store solvents or motor fuels?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| g.  | Use any combustion equipment (i.e. furnaces, broilers, baking ovens, etc.) rated greater than 2,000,000 BTU/HR? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| h.  | Store any acids, use any chemical processes, or use solvents for clean up?                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. | All Development (New Construction/No construction)  |                                     |                                     |
| a.  | Amount of solid waste to be produced during construction?   | _____ TBD _____                     |                                     |
| b.  | Type of solid waste to be produced during construction?   | _____ TBD _____                     |                                     |
| c.  | Total amount of solid waste to be recycled during the construction stage?                                       | _____ TBD _____                     |                                     |
| d.  | Amount of solid waste to be produced during normal business operation?  | _____ TBD _____                     |                                     |
| e.  | Type of solid waste to be produced during normal business operation?  | _____ TBD _____                     |                                     |
| f.  | Total amount of solid waste to be recycled as part of the normal business operation?                            | _____ TBD _____                     |                                     |

### CERTIFICATION

I certify that the information provided herein is true and correct to the best of my knowledge.

Date 08/12/2020 Signature Carol Mueller Representing Los Altos XXV, LP