



# APPLICATION FOR DIVISION OF LAND

City of La Habra Planning Department  
110 East La Habra Blvd., P.O. Box 337, La Habra Ca 90633-0337  
Phone: (562) 905-9724 Fax: (562) 905-9643

Office Use Only  
+ P.M. 2010-177  
PCM \_\_\_\_\_

APPLICANT

Property Owner (s) mailing address  
Name Vermeulen Properties #4 LLC  
Address 2677 N. Main St # 930  
Santa Ana, Ca 92705  
Phone: Home ( ) \_\_\_\_\_  
Work (714) 542-5481  
Fax (714) 547-0924  
E-mail \_\_\_\_\_

Person to be contacted for details other than the property owner  
Name Dan Cooney (Maxson-Cooney Properties)  
Address 2677 N Main Street, #930  
Santa Ana, CA 92705  
Phone (714) 542.5481  
Fax ( ) \_\_\_\_\_  
E-mail dan@maxson-cooney.com  
Affiliation Property Management Company

INFORMATION

CHECK ONE:  Tentative Parcel Map  Tentative Tract Map

Location of Property SWC Beach Blvd & Lambert Road, La Habra (701, 751, & 777 S Beach Blvd)

Legal Description of Property Tract No. 3786 Lot No. 52 or Attached ( )

Assessors Parcel Number 018-431-32, 018-431-35, 018-431-36

Present Use 1 parcel is vacant; 2 parcels are fast-food restaurants Present Zoning C-2 Commercial

Number of existing parcels 3 Number of proposed parcels 3

Total acreage 3.5 Ac

Engineer or Licensed Surveyor who has prepared the exhibits:

Name Gil Mendoza  
Address 6185 Magnolia Avenue, #129, Riverside, CA 92506  
Phone 951.286.9520 License # C53454

PROPERTY OWNERS AFFIDAVIT

STATE OF CALIFORNIA )  
COUNTY OF ORANGE )  
CITY OF LA HABRA )

ss.

SEE ATTACHED

I, (We) THOMAS TOMOCIK, 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.

SIGNED Thomas Tomocik  
SIGNED \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public in and for said County and State

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

OVER



**CALIFORNIA ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }  
County of Orange }

On 3 12 2022 before me, Mearl Martin (Notary Public)  
Date Here Insert Name and Title of the Officer  
personally appeared THOMAS TOMOCK  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  
WITNESS my hand and official seal.

Signature [Handwritten Signature]  
Signature of Notary Public

Place Notary Seal and/or Stamp Above

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**  
Title or Type of Document: APPLICATION FOR DIVISION OF LAND  
Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_  
Signer(s) Other Than Named Above: \_\_\_\_\_  
**Capacity(ies) Claimed by Signer(s)**  
Signer's Name: \_\_\_\_\_  
 Corporate Officer – Title(s): \_\_\_\_\_  
 Partner –  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer is Representing: \_\_\_\_\_



# 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 22-04

APPLICANT

Property Owner (s) mailing address Name <u>Vesmeulen Properties #4 LLC</u> Address <u>2677 N. Main St. #930</u> <u>Santa Ana, CA 92705</u> Phone: Home ( ) _____ Work (714) <u>542-5481</u> Fax (714) <u>547-0924</u> E-mail <u>dan@MAXSON-COONEY.COM</u>	Person to be contacted other than the property owner Name <u>Mark Shenouda</u> Address <u>4340 Venkatman Ave #110</u> <u>Newport Beach, CA 92660</u> Phone (562) <u>431-8734</u> ext. <u>101</u> Fax: (562) <u>431-1856</u> E-mail <u>MShenouda@Pacnet.com</u> Affiliation <u>OWNER IN ESCROW</u>
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INFORMATION

Location of Property SWQ of Beach Blvd. & Lambert Rd. La Habra, CA

Legal Description of Property Portion of Tract No. 3786 Lot No. 52 or Attached ( )

Assessors Parcel Number 018-431-35

Present Use Vacant Land Present Zoning C-2

PROPERTY OWNERS AFFIDAVIT

STATE OF CALIFORNIA  
COUNTY OF ORANGE  
CITY OF LA HABRA

I, (We) Michelle Gaspar 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 \_\_\_\_\_  
SIGNED \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

by \_\_\_\_\_ 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.

## FOR OFFICE USE ONLY

Application and Fee Received By [Signature] Date 4.7.22

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

1. The proposed plan is consistent with the City's general plan.
2. The proposed plan is consistent with the City's zoning ordinance.
3. The proposed plan is in the best interests of the public health, safety and welfare of the community.
4. The nature of the proposed land uses and the design is appropriate for the proposed location and is compatible to the surrounding land uses and improvements.
5. The project complies with all requirements of the California Environmental Quality Act.

### NOTICE

This application shall be accompanied by 18 printed sets and 1 digital set of design plans which include a fully dimensioned plot plan and description of the property involved showing the location of all existing and proposed buildings along with floor and elevation plans of all the proposed building and structures. The plans shall be drawn to a standard architectural or engineering scale [i.e. (1/4" = 1') (1/8" = 1') (1" = 20')] and shall indicate clearly with full dimensions the following information.

1. Location and design of all off street parking and circulation areas.
2. Location of the points of ingress and egress for pedestrians and vehicles.
3. Location and nature of reflective devices (lighting).
4. Location of landscape areas.
5. Location and design of all trash storage areas and related screen walls.
6. Location of all public utilities installations including poles, transformers, vaults and meters.
7. Location of all external mechanical equipment.
8. Location, height and material of all walls and fences.
9. Calculations showing the percentage of land coverage, the parking requirements and the landscape area provided.
10. Relationship of property to public streets and alleys and any required street dedications and improvements.
11. Surface drainage patterns and structures.
12. Exterior finish materials and colors.
13. Roofing materials and pitches.
14. Material Board.
15. Color elevations. 1 printed set and 1 digital set of all building elevations fully rendered in color.
16. Color photographs. 1 printed set and 1 digital set of the subject property showing the existing conditions along with any photo simulations (if applicable) of the proposed improvements.
17. Sign Plan. 1 printed set and 1 digital set of plans showing the design colors and location of all signs.
18. Landscape plan. 1 printed set and 1 digital set of a conceptual landscape plan which shows all the proposed landscape areas and materials.
19. A complete description and operational characteristics of the proposed project.
20. An environmental assessment of the proposed project in such form as approved by the director of community development along with any other environmental analysis that may be required under the provisions of the California Environmental Quality Act (CEQA).
21. A verified list of the names and address of each property owner within 300 feet of the exterior boundaries of the property involved, utilizing at a minimum the last known name and address of such owners as shown upon the last assessment roll of the city or county.

The approval of your set of plans specification SHALL NOT be held to permit or approve any omission or deviation from, or any violation of the provisions of any city codes, ordinances or state laws.

**CALIFORNIA ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }  
County of Orange }

On 3 124 2022 before me, Mearl Martin (Notary Public),  
Date Here Insert Name and Title of the Officer

personally appeared MICHELZA GASPAR  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

Signature of Notary Public

Place Notary Seal and/or Stamp Above

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: APP. FOR DESIGN REVIEW

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

Corporate Officer – Title(s): \_\_\_\_\_

Partner –  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

Corporate Officer – Title(s): \_\_\_\_\_

Partner –  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_



# APPLICATION FOR CONDITIONAL USE PERMIT

City of La Habra Planning Department  
201 East La Habra Blvd., P.O. Box 337, La Habra Ca 90633-0337  
Phone: (562) 905-9724 Fax: (562) 905-9643  
www.lahabracity.com

Office Use Only

CUP 22-14

APPLICANT

**Property Owner(s)** (use mailing address)  
Name Vermeulen Properties #4 LLC  
Address 2677 N. Main St. #930  
Santa Ana, CA 92705  
Phone: Home ( ) \_\_\_\_\_  
Work (714) 542-5481  
Fax (714) 547-0924  
E-mail dan@maxson-cooney.com

**Representative** (acting on behalf of the property owner(s))  
Name Mark Shenouda  
Address 4340 Von Karman Ave #110  
Newport Beach, CA 92660  
Phone ( ) \_\_\_\_\_  
Work: (562) 431-8734 Ext. 101  
Fax: (562) 431-1856  
E-mail MShenouda@Pacnet.com

CONTACT

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

INFORMATION

Location of Property SW @ Beach Blvd. @ Lambert Rd. La Habra  
Legal Description of Property Portion of Tract No. 3786 Lot No. 52 or Attached ( )  
Assessors Parcel Number 018-431-35  
Present Use Vacant Land Present Zoning C-2

REQUEST

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

PROPERTY OWNERS AFFIDAVIT

STATE OF CALIFORNIA  
COUNTY OF ORANGE  
CITY OF LA HABRA

I, (We) Michelle Gaspar, 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 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 \_\_\_\_\_  
SIGNED \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

by \_\_\_\_\_ 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.

Please Type or Print

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.

REQUIRED FINDINGS

- 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.

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.

OPERATIONAL CHARACTERISTICS

See Attached

NOTICE

Approval of your plot 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. The Conditional Use Permit will become null and void if you do not proceed with the actual construction work in accordance with the plans within one year from the granting of this Conditional Use Permit.

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 ES Date 4/7/22

**CALIFORNIA ACKNOWLEDGMENT**

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State of California }  
County of Orange }

On 3 124 2022 before me, Mearl Martin (Notary Public)  
Date Here Insert Name and Title of the Officer  
personally appeared MICHELLE GASPAR  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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WITNESS my hand and official seal.



Place Notary Seal and/or Stamp Above

Signature [Handwritten Signature]  
Signature of Notary Public

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Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: _____	Signer's Name: _____
<input type="checkbox"/> Corporate Officer – Title(s): _____	<input type="checkbox"/> Corporate Officer – Title(s): _____
<input type="checkbox"/> Partner – <input type="checkbox"/> Limited <input type="checkbox"/> General	<input type="checkbox"/> Partner – <input type="checkbox"/> Limited <input type="checkbox"/> General
<input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact	<input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact
<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian or Conservator	<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian or Conservator
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Signer is Representing: _____	Signer is Representing: _____

## **Operational Characteristics**

### Americas Tire

America's Tire is the nation's largest independent tire and wheel retailer, operating more than 1,100 stores in 35 states. Unlike other chain tire shops which offer auto repair and maintenance services, America's Tire has always focused on providing world-class customer service and value for two main products: tires and wheels. Services include new tire/wheel consultation, tire rotation, tire balance, tire inspections, flat repair, and TPMS service.

America's Tire regular business hours are Monday to Friday 8-6pm and Saturday 8-5 PM, closed on Sunday's.

There are typically 6-10 employees on site throughout the day in shifts



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APPLICANT

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Present Use Vacant Land Present Zoning C-2

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

PROPERTY OWNERS AFFIDAVIT

STATE OF CALIFORNIA  
COUNTY OF ORANGE  
CITY OF LA HABRA

I, (We) Michelle Gaspar, 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 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 \_\_\_\_\_

SIGNED \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

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

\_\_\_\_\_  
Signature

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Please Type or Print

REQUIRED FINDINGS

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- 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.
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- 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.

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**FOR OFFICE USE ONLY:**

Application and Fee Received By \_\_\_\_\_ Date \_\_\_\_\_

**CALIFORNIA ACKNOWLEDGMENT**

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State of California }  
County of Orange

On 3/24/2022 before me, Mearl Martin (Notary Public)  
Date Here Insert Name and Title of the Officer

personally appeared MICHELLA CASPAR  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

Signature of Notary Public

Place Notary Seal and/or Stamp Above

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**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

Corporate Officer – Title(s): \_\_\_\_\_

Partner –  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

Corporate Officer – Title(s): \_\_\_\_\_

Partner –  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

## **Operational Characteristics**

### Dutch Bros

The proposal shall include the construction of a Dutch Bros Coffee Drive Thru. Dutch Bros specializes in the making and selling of hand-crafted Dutch classic coffees, blended drinks, energy drinks and smoothies along with muffin tops. Their regular business hours are Sunday through Saturday, 5 AM to 10 PM and the Number of employees shall consist of 4 to 6 employees.