



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 #
22-04

Property Owner	Name of Representative
Name <u>Soojin Kwon</u>	Name <u>Irene Kim</u>
Address <u>1400 S. La Habra Hills DR</u> <u>LA Habra, CA 90631-6998</u>	Address <u>5411 Bishop ST #A</u> <u>Cypress CA 90630</u>
Phone: Home (213) <u>604-0307</u>	Phone <u>(323) 377-0669</u>
Work () _____	Fax: () _____
Fax () _____	E-mail <u>joysbuilder@gmail.com</u>
E-mail <u>sojin@westridgegolfclub.com</u>	

A. Project Location

- Please attach: a) Plot Plan, b) Map showing location, c) [optional] any Photographs which will assist in determining the significance of any impact.
- Address 1400 S. La Habra Hills DR, La Habra, CA 90631
- Nearest street intersections _____

B. Project Description

- Projected land area (square feet or acres) _____
- Proposed Use _____
- Relationship to surrounding area: _____

	Existing Area	Existing Zoning
Area to the north		
Area to the south		
Area to the east		
Area to the west		

- Is the subject site located within 1,000 feet of any School, Hospital or Extended Care Facility?
Yes No Name of Facility _____
- What is the trip generation of the project? _____
- Is the Project located within 1,000 feet of an adjacent City? _____ What City? _____
- Will the project be developed in phases? Yes No
a) Explain timing: _____
b) Timing for public improvements: _____
- For Residential developments:
 - Type of unit [single family, condo, apt, etc.] _____
 - Number of units _____
 - Size of units _____
 - Anticipated selling price or rental rate _____

9. For new commercial or industrial developments:

- a. Describe type or types of commercial or industrial activities proposed
- b. Size of building(s) _____
- c. What is the anticipated number of jobs to be generated by the project after completion?

- d. Number of off-street parking spaces _____
- e. Where is the closest comparable project in terms of size or type of activity?

- f. What type of equipment will be utilized for the business?

- g. Describe truck traffic as a result of the proposal:
 - a. During construction? NO CONSTRUCTION
 - b. After occupancy? _____

10. During construction or operation will the project:

- | | YES | NO |
|---|--------------------------|-------------------------------------|
| a. Emit dust, ash, smoke, fumes or odors? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Alter any existing drainage patterns? | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" 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? | <u>NO CONSTRUCTION</u> |
| b. Type of solid waste to be produced during construction? | <u>X</u> |
| c. Total amount of solid waste to be recycled during the construction stage? | <u>X</u> |
| d. Amount of solid waste to be produced during normal business operation? | <u>X</u> |
| e. Type of solid waste to be produced during normal business operation? | <u>X</u> |
| f. Total amount of solid waste to be recycled as part of the normal business operation? | <u>X</u> |

CERTIFICATION

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

Date 10-5-22 Signature [Signature] Representing Soojin Kwon



APPLICATION FOR MISCELLANEOUS PLANNING ACTIONS

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

Action #
22-04

Property Owner Name <u>Westridge Golf club</u> Address <u>1400 S. La Habra Hills DR. LA HABRA, CA 90631-6998</u> Phone: Home () _____ Work () _____ Fax () _____ E-mail _____	Name of Representative Name <u>Irene Kim</u> Address <u>13428 Rosecrans Ave #22 Norwalk, CA 90650</u> Phone <u>323 377-0669</u> Fax: () _____ E-mail <u>joysbuilder@gmail.com</u>
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Location of Property 1400 S. La Habra Hills DR, La Habra, CA 90631
 Legal Description of Property _____ Tract No. _____ Lot No. _____ or See Attached Legal Description
 Assessors Parcel Number _____

Check One:

<input checked="" type="checkbox"/> Modification	<input type="checkbox"/> Transportation Demand Mgmt. Plan (Staff Review)
<input type="checkbox"/> Time Extension	<input type="checkbox"/> Transportation Demand Mgmt. Plan (Commission)
<input type="checkbox"/> Continuance (Applicant)	<input type="checkbox"/> Staff Research
<input type="checkbox"/> Continuance (Staff)	<input type="checkbox"/> Commission Interpretation
<input type="checkbox"/> Administrative Adjustment	<input type="checkbox"/> Other _____
<input type="checkbox"/> Lot Line Adjustment	

Explanation of Proposal:

For Adorstonal pre-Feedback pretra porcha with hearings.

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I, (We) Soojin Kwon, 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.

PROPERTY OWNERS SIGNATURE [Signature]
 Name: Soojin Kwon
 Date: 9-15-2022

FOR OFFICE USE ONLY:

Application and Fee received by [Signature]
 Date 10/5/22 Amount \$ 3,956