



City of Perris

135 N. D Street
Perris, CA 92570

Invoice No.: **9402**

Invoice Date: **02/07/2018**

INVOICE

RECORD INFORMATION

Record ID: PLN18-05038
Record Type: Minor Modification
Property Address: 4605 Wade AVE, Perris, CA
Description of Work: Site Improvements related to proposal for Medical Marijuana Dispensary located at 4605 Wade Ave.
Applicant: Alfonso Luera
4605 Wade Ave
Perris, CA 92570

FEE DETAIL

Fee Description	Quantity	Account Number	Fee Amount
Minor Modification	1	2160	\$400.00
Data Processing Fee	1	4146	\$8.45
			<hr/>
			\$408.45

RECEIPT

City of Perris
PERRIS
135 N. D Street

Application: PLN18-05038
Application Type: Planning/Minor Modification/NA/NA
Address: 4605 Wade AVE, Perris, CA

Receipt No.	9673					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Other	10795253702	\$408.45	02/07/2018	BMUHU		Money Order # 10795253702

Owner Info.: Michael Lane
4605 Wade Ave
Perris, CA

Work Description: Site Improvements related to proposal for Medical Marijuana Dispensary located at 4605 Wade Ave.

408.45



CITY OF PERRIS
DEVELOPMENT SERVICES DEPARTMENT
PLANNING DIVISION
135 N. "D" Street, Perris, CA 92570-2200
TEL: (951) 943-5003 FAX: (951) 943-3293

DATE SUBMITTED _____
CASE PLANNER _____

**COMPREHENSIVE APPLICATION FOR DEVELOPMENT
REVIEW AND LAND USE APPROVAL**

GENERAL PLAN AMENDMENT _____
PLANNED DEVELOPMENT OVERLAY _____
CODE/ORDINANCE AMENDMENT _____
ZONE CHANGE _____
TRACT MAP _____
PARCEL MAP _____
CONDITIONAL USE PERMIT _____
SPECIFIC PLAN AMENDMENT _____

VARIANCE FROM CODE _____
DEVELOPMENT PLAN REVIEW _____
ADMIN. DEV. REVIEW _____
MAJOR MODIFICATION _____
MINOR DEVELOPMENT PLAN REVIEW _____
MINOR MODIFICATION _____
SETBACK/MINOR ADJUSTMENT _____

Applicant/Contact Person: ALFONSO LUERA Company: DYNAMIC MEDS
Telephone No. (951) 415-0904 Fax No. (____) _____ e-mail DMINC.PERRIS@GMAIL.COM
Mailing Address: 4605 WADE AVE. PERRIS CA. 92570
STREET CITY STATE ZIP

Building Owner /Contact Person: MICHAEL LANE Company: SO CAL MANUFACTURING
Telephone No. (951) 212-3406 Fax No. (____) _____ e-mail _____
Mailing Address: 4605 WADE AVE.
STREET CITY STATE ZIP

Arch-Eng/Contact Person: SAI HERNANDEZ Company: _____
Telephone No. (951) 733-7226 Fax No. (____) _____ e-mail _____
Mailing Address: 4605 WADE AVE. PERRIS CA. 92570
STREET CITY STATE ZIP

Complete Project Description/Reason for Request: Attach a detailed description to explain all proposed uses for this property or project, if necessary. (For Minor Adjustments or Variances explain the special conditions for circumstances applicable to the property and the privileges that would be denied and are enjoyed by other properties in the vicinity)

MEDICAL MARIJUANA DISPENSARY, ITS A QUICK AND SAFE LOCATION FOR PATIENTS TO ACCESS THE MEDS THEY NEED.

General Location or address location: EXIT OFF HARVEY KNOX, AND 1ST RIGHT HAND TURN.

Assessor's Parcel No(s): APN NO. 31400068

Acreage: 3/4 Zoning: LT. IND. RDA Project Area: _____

Associated Case(s): _____

Hazardous Waste Site Certification: (Required pursuant to Section 659652.5 (f) of the California Government Code) Please see hazardous waste list at <http://www.envirostor.dtsc.ca.gov/public/>. At City type Perris, then enter. The applicant/owner hereby certifies that they have consulted the list of hazardous waste sites for the City of Perris, dated _____ (**must be filled in**), and the project **is/is not** (**circle one**) located on a site included on the list of hazardous waste sites for the City of Perris.

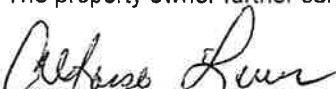
Air Quality/Hazardous Materials Certification: (Required pursuant to Section 65850.2 of the California Government Code)

1. The applicant/owner hereby certifies that the project **will/will not** (**circle one**) need to comply with the requirements for a permit for construction or modification from the South Coast Air Quality Management District, 21865 E. Copley Drive, Diamond Bar, CA 91765-4182, (909) 396-2000.
2. The applicant/owner hereby certifies that the project **will/will not** (**circle one**) have more than a threshold quantity of a regulated substance, or will contain a source or modified source of hazardous air emissions. Please attach a list of any regulated substances and quantities anticipated, if applicable. (Note: Any quantity of hazardous waste or handling or storage of any quantity of acutely hazardous materials requires filing of a Management Plan and a permit from County Environmental Health Services. A Management Plan and permit is also required for other hazardous materials if more than the threshold quantities are present, which are typically either 55 gallons of liquid, 200 cubic feet of pressurized gases, or a weight of 500 pounds.) 951/766-6524HazMat
3. Describe any use, storage, or discharge of hazardous and/or toxic materials in the known history of this property. Please list the materials and dates, if known. (**Attach response if appropriate**)
4. The project **is/is not** (**circle one**) located within one-quarter (1/4) mile of a school.

NOTE: Plan review, permits, and inspections are also required from the Building Division prior to any construction or occupancy of the proposed project. The applicant/owner shall comply with all requirements of the Perris Municipal Code in construction and use of the proposed project.

Processing Costs: The City operates on the basis of full cost recovery for the processing of planning projects. Deposits made at the time of application are projected to be sufficient for the processing of most applications; however, additional deposits may be required to cover the projected costs for review of projects. If at any time deposits are insufficient to cover projected costs, processing of the project will be stopped until sufficient additional funds are deposited with the City. Lack of sufficient funds on deposit will suspend any required processing time frames.

Certification: I hereby certify that I understand the deposits for processing costs, information, and requirements referenced in this application and that the information furnished above and in any attached exhibits is true and correct. The property owner further certifies that they are the legal owner of the property and consent to the application.


Applicant's Signature

2-7-18
Date


Property Owner's signature

2-7-18
Date

ALFONSO LUERA
Applicant's Printed Name

MICHAEL LANE
Property Owner's Printed Name



CASE NO. _____

ENVIRONMENTAL INFORMATION FORM (TO BE COMPLETED BY APPLICANT)

Project Description: MEDICAL MARIJUANA DISPENSARY

Project Location: 4605 WADE AVE. BETWEEN HARLEY KNOX & RAMONA EXPWAY.

Assessors Parcel No. 31400069

Applicant: ALFONSO LUERA Phone: 957 415 0904

Address: 4605 WADE AVE.

ENVIRONMENTAL SETTING

The following questions are intended to indicate if your project could have significant environmental effects to the area in which it is proposed. On additional sheets, discuss any questions answered yes or maybe.

Will the proposed project cause:

	Yes	Maybe	No
1. Change to existing natural ground features or significant alteration of natural contours?	—	—	X
2. Change, modification or disruption of scenic views or vistas from adjacent private, or public lands or roadways?	—	—	X
3. A change or substantial alteration to the character of the general area?	—	—	X
4. Significant change in the ambient air quality, or substantial increase of pollutant concentrations?	—	—	X
5. Significant change in the ambient noise or vibration levels?	—	—	X
6. Is the project to be developed in an area subjected to significant noise levels?	X	—	—
7. Significant change in the existing ground water quality or quantity or alteration to natural drainage patterns?	—	—	X
8. Create significant amounts of solid waste or trash?	—	—	X
9. Is the project to be developed on filled land or slopes in excess of 10 percent?	—	—	X
10. Will the project require the use or disposal of potentially hazardous materials such as toxic substances, flammable, explosives, etc.?	—	—	X
11. Substantial change in demand for municipal services or infrastructure (police, fire, water, sewage, etc.)?	—	—	X
12. Does the project have a relationship with a larger project or series of projects?	—	—	X
13. Has a prior environmental report been prepared of which this project is a part?	—	—	X

**ENVIRONMENTAL INFORMATION FORM
(TO BE COMPLETED BY APPLICANT)**

continued

- | | | | |
|--|--------|--------|---------------|
| 14. If you answered yes to question 13, could this project cause significant effects that were not covered or examined within the prior environmental report? | Y
— | M
— | N
<u>X</u> |
| 15. Will the project conflict with any City adopted plans or goals? | — | — | <u>X</u> |
| 16. Affect a rare or endangered species of animal or plant or the habitat of the species? | — | — | <u>X</u> |
| 17. Interfere substantially with the movement of any resident or migratory wildlife species? | — | — | <u>X</u> |
| 18. Disrupt or adversely affect a prehistoric or historic archaeological site or a property of historic or cultural significance to a community or ethnic or social group; or a pale ontological site? | — | — | <u>X</u> |
| 19. Cause substantial growth or population increase? | — | — | <u>X</u> |
| 20. Cause an increase in traffic, which is substantial in relation to the existing traffic load and capacity of the street system? | — | — | <u>X</u> |
| 21. Encourage activities which result in the use of large amounts of fuel, water, or energy? | — | — | <u>X</u> |
| 22. Is the project located in an area which could expose people or structures to major seismic or flooding hazards? | — | — | <u>X</u> |
| 23. Will the project cause a utility extension or sizing, in excess of that required to serve the project? | — | — | <u>X</u> |
| 24. Could the project cause significant disruption or interference to an existing community? | — | — | <u>X</u> |
| 25. Could the project cause the conversion of prime agricultural land to non-agricultural use or resources or impair the productivity of agricultural lands? | — | — | <u>X</u> |
| 26. Is the project located within a 100-year or 500 flood plain? | — | — | <u>X</u> |

PROJECT SETTING

27. Describe the project site in its present condition, including information on topography, soil stability, plants and animals, and any cultural, historical or scenic aspects. Describe any existing structures on the site, and the use of the structures. Attach photographs of the site. (Snapshots or instant photos are acceptable.)
28. Describe the surrounding properties, including information on plants and animals and any cultural, historical or scenic aspects. Indicate the type of land use (residential, commercial, etc.). Attach photographs of the vicinity. (Snapshots or instant photos are acceptable.)

MANDATORY INFORMATION REQUIRED ON PLANS

Additional information may be required on site plan if deemed appropriate by the Director of Community Development

Staff App's
Initial Initial

Site Plan/Plat

_____	ch	Assessor's parcel no.
_____	ch	Acreage
_____	ch	Building eaves, canopies
_____	ch	Building foot prints and gross building area by use
_____	ch	Drainage plan to control both on and off site drainage
_____	ch	Driveways, parking backup and radii
_____	ch	Easements
_____	ch	Employee amenity areas
_____	ch	Fences, walls (location & design)
_____	ch	Fire - Location of fire hydrants
_____	ch	Land - Existing land uses adjacent to the site
_____	ch	Landscape - Area calculation of landscaped areas, common open space
_____	ch	Landscape percentage of parking area, excluding setbacks and parking overhang (max 2' into landscaped area)
_____	ch	Legal description
_____	ch	Loading area/spaces (include dimensions)
_____	ch	Lot - Percentage of lot coverage
_____	ch	Lot Dimensions
_____	ch	North arrow & Scale (no. of feet per inch)
_____	ch	Open space areas
_____	ch	Owner and applicant name/address
_____	ch	Parking spaces (include dimensions) parking overhang maximum 2 feet
_____	ch	Patios, Balconies (show square footage)
_____	ch	Pedestrian walkways and paseos
_____	ch	Power poles
_____	ch	Recreational amenities
_____	ch	School District(s)
_____	ch	Setbacks
_____	ch	Signature & license number of architect, landscape architect, civil engineer or land surveyor (where required)
_____	ch	Street lights (existing if any)
_____	ch	Street status (adjacent)
_____	ch	Streets, names, locations and widths of rights-of-way of proposed streets, street cross sections, alleys and easements, are they paved
_____	ch	Trash - Location of trash enclosures
_____	ch	Utility lines, sewer access
_____	ch	Utility Purveyors
_____	ch	Zoning

MANDATORY INFORMATION REQUIRED ON PLANS

Additional Information may be required on site plan if deemed appropriate by the Director of Community Development

(For Parcel/Tract Map also include:)

- Contour intervals
- Density (net & gross)
- Lot - Minimum and average lot sizes

Lot #	Lot Size	Useable Area (devoid of slope)	Lot width	Depth	Street Frontage

- Lot - Total of lettered lots
- Lot - Total of numbered lots
- Park & open space acreage
- Street. lineal lengths/cul-de-sac

Preliminary Grading and Drainage Plans

- Proposed grades, elevations, slopes, and structures on the site
- All existing contours and structures on the site and within twenty-five feet (25') of the boundaries of the site
- Show proposed sections around property boundaries
- Show locations and limits of any existing floodway and floodplain areas
- Location and elevation of all existing and proposed circulation and drainage improvements, including streets, curbs, driveways, sidewalks, median islands, and drainage courses on the site and within 100 feet of the boundaries of the site
- Preliminary drainage plan shall show or explain the drainage area tributary to the site and include a statement setting forth in detail the manner in which storm water runoff will enter the site, the manner in which it will be carried through the site, and the manner in which disposal beyond the site boundaries be accomplished. Detention basins may be required unless storm water is directed to an improved storm drain facility.

Architectural Elevations

- Fully dimension all elevations from lowest to highest points
- Call out material and colors (digital pictures 8 1/2 x 11)
- Provide at least one colored rendering
- Show variation in plane and textures and demonstrate architectural compatibility (with City's site and architectural guidelines)
- Full lighting specifications
- Full tabulations of existing and proposed signs, including area(s) and types and size of letters
- Other signs existing and proposed, including all incidental, directional, menu-board and ancillary type signs

Floor Plans

- Show dimensions and Square footage of unit(s)
- Show eave projections past wall
- Shade in additions(s)

Conceptual Landscaping Plans

Plant pallet and sizes of materials

Locations and numbers of trees, shrubs and acres of ground covering, including spacing of ground cover. Identify slope areas.

Proposed wall & fences and their materials

For Tentative Tract Maps landscape plans should address streetscapes, entry statements, and public spaces such as detention basins and median islands.

Special Studies

Studies that may be appropriate to identify necessary mitigation measures to support findings of "No Significant Impact". These may typically include the following:

- Air Quality Assessment
- Cultural Resource Assessment
- Drainage and hydrology studies
- Habitat Survey (In Narrow Endemic Plant Survey Area identified in MSHCP)
- Noise Studies
- Soils/Geologic Studies (Where significant rock outcroppings, or septic systems proposed)
- Traffic Studies

Staff,
Initial
if
received

or
NEEDED
if
missing

**REQUIREMENTS FOR FILING
COMPREHENSIVE APPLICATION
FOR DEVELOPMENT AND LAND
USE APPROVAL**

*When multiple applications are submitted
for one location (APN) all fees must be
collected (i.e., GPA/ZC TTM) but
submittal requirements are not duplicated.
Please speak with the counter technician
regarding specifics.*

	Zone Change/Ord. Amend/GPA Planned Development Overlay/Specific Plan	Tract Map	Parcel Map	Conditional Use Permit Review	Variance from Code	Development Plan Review	Admin. Dev. Plan Review	Major Modification	Minor Development Plan Review	Minor Modification	Setback/Minor Adjustment
Application	1	1	1	1	1	1	1	1	1	1	1
Property Owners Authorization Form	1	1	1	1	1	1	1	1	1	1	1
Deposit from the Fee Deposit Schedule	1	1	1	1	1	1	1	1	1	1	1
Environmental Assessment Form	1	1	1	1	1	1		1			
Special Studies	TBD	TBD	TBD	TBD	TBD	TBD		TBD			
Property Owners Certification, Labels 300 Foot Radius Map (See Pg 4 Requirements)	2	2	2	2	2	2		2			
Grant Deed or Title Report	1	1	1	1	1	1	1	1	1	1	1
Assessor's Parcel Map (outline project boundaries)	1	1	1	1	1	1	1	1	1	1	1
Color & Materials Reduced size 8.5 x 11 with digital images				1		1	1	1	1	1	
Digital Copy of all plans PDF format on a CD	1	1	1	1	1	1	1	1	1	1	1
Site Plans Full Size (24 x 36, no larger)		8	8	8	8	8	3	8	5	5	5
Preliminary Grading and Drainage Plans		8	8	8		2		8	5		
Architectural Elevations				8		8	3	8	5	5	
Floor Plans				8		8	3	8	5	5	
Conceptual Landscaping Plans				8		8	3	8	5	5	
Plans listed in this block must be assembled together in sets and stapled (sets are site plans, preliminary grading plans, architectural elevations, floor plans, and conceptual landscaping plans) and folded to a maximum size of 8 1/2" X 11"											

NOTE: Incomplete applications cannot be transmitted or processed. To process a case in an expeditious manner, a complete application package is necessary.

Date: _____

Applicants Signature: _____



CITY OF PERRIS
DEVELOPMENT SERVICES DEPARTMENT
PLANNING DIVISION
 135 N. "D" Street, Perris, CA 92570-2200
TEL: (951) 943-5003 FAX: (951) 943-3293

DATE SUBMITTED 2/7/2018
 CASE PLANNER _____

**COMPREHENSIVE APPLICATION FOR DEVELOPMENT
 REVIEW AND LAND USE APPROVAL**

GENERAL PLAN AMENDMENT _____	VARIANCE FROM CODE _____
PLANNED DEVELOPMENT OVERLAY _____	DEVELOPMENT PLAN REVIEW _____
CODE/ORDINANCE AMENDMENT _____	ADMIN. DEV. REVIEW _____
ZONE CHANGE _____	MAJOR MODIFICATION _____
TRACT MAP _____	MINOR DEVELOPMENT PLAN REVIEW _____
PARCEL MAP _____	MINOR MODIFICATION <input checked="" type="checkbox"/> _____
CONDITIONAL USE PERMIT _____	SETBACK/MINOR ADJUSTMENT _____
SPECIFIC PLAN AMENDMENT _____	

Applicant/Contact Person: Alfonso Luera Company: _____

Telephone No. (951) 415-0704 Fax No. (____) _____ e-mail _____

Mailing Address: 4605 Wade Ave Perris CA 92570
STREET CITY STATE ZIP

Building Owner /Contact Person: Michael Lane Company: _____

Telephone No. (951) 212-3406 Fax No. (____) _____ e-mail _____

Mailing Address: 4605 Wade Ave
STREET CITY STATE ZIP

Arch-Eng/Contact Person: _____ Company: _____

Telephone No. (____) _____ Fax No. (____) _____ e-mail _____

Mailing Address: _____
STREET CITY STATE ZIP

Complete Project Description/Reason for Request: Attach a detailed description to explain all proposed uses for this property or project, if necessary. (For Minor Adjustments or Variances explain the special conditions for circumstances applicable to the property and the privileges that would be denied and are enjoyed by other properties in the vicinity)

Site Improvements related to proposal for
medical marijuana dispensary

General Location or address location: 4605 Wade

Assessor's Parcel No(s): _____

Acreage: _____ Zoning: _____ RDA Project Area: _____

Associated Case(s): _____

PROPERTY OWNER/LANDLORD AUTHORIZATION FOR INSPECTION
AND RIGHT TO OPERATE A MEDICAL MARIJUANA BUSINESS

We, Laurie Barnes, as an individual, and Michael D. Lane as a member of Cherokee Funding LLC are the owners/landlords/lessors of real property located at 4605 Wade Ave., Perris, Ca 92571-7494 in Riverside County, California. We both authorize the Medical Marijuana Business entitled Dynamic Meds to operate a medical marijuana business at the property, as that term is defined in state law and the Perris Municipal Code Sections 5.54.010, et seq., for the specific use of Medical Marijuana Dispensary set forth in the Medical Marijuana Dispensary Permit Application submitted to the City of Perris by Laurie Barnes and Michael D. Lane as a member of Cherokee Funding, LLC. and allow the City of Perris to enter the property for inspection of the property.

Executed this day of 2017, at Perris, California.

Laurie Barnes Laurie Barnes 6-30-17
Laurie Barnes Dated

Michael D. Lane Michael D Lane 6-30-17
Michael D. Lane Dated
Member of Cherokee Funding, LLC

SEE ATTACHED NOTARY FORM

JURAT

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 Riverside

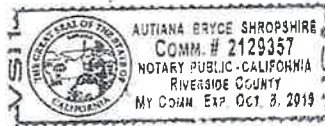
Subscribed and sworn to (or affirmed) before me on this 30 day of June

20 17 by Laurie Barnes, Michael D. Lane

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


Signature _____

(Seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Property manager / Landlord authorization
(Title or description of attached document)

for inspection & right to operate a
(Title or description of attached document continued)
medical marijuana business

Number of Pages 1 Document Date 6-30-17

Additional Information _____

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.