



DEPARTMENT OF PLANNING AND BUILDING

THIS IS A NEW PROJECT REFERRAL

DATE: 3/10/2014

TO: _____

FROM: Holly Phipps (805-781-1162 or hhipps@co.slo.ca.us)
North County Team / Development Review

PROJECT DESCRIPTION: SUB2013-00052 CO14-0020 BILLIG – Proposed parcel map with conditional use permit to subdivide 4.89 acres into two parcels of 3.43 acres and 1.46 acres, and construction of an assisted living facility. Site location is 1155 Las Tablas Rd, Templeton. APN: 040-280-056.

Return this letter with your comments attached no later than: 14 days from receipt of this referral. CACs please respond within 60 days. Thank you.

PART 1 - IS THE ATTACHED INFORMATION ADEQUATE TO COMPLETE YOUR REVIEW?

- YES (Please go on to PART II.)
- NO (Call me ASAP to discuss what else you need. We have only 10 days in which we must obtain comments from outside agencies.)

PART II - ARE THERE SIGNIFICANT CONCERNS, PROBLEMS OR IMPACTS IN YOUR AREA OF REVIEW?

- YES (Please describe impacts, along with recommended mitigation measures to reduce the impacts to less-than-significant levels, and attach to this letter)
- NO (Please go on to PART III)

PART III - INDICATE YOUR RECOMMENDATION FOR FINAL ACTION.

Please attach any conditions of approval you recommend to be incorporated into the project's approval, or state reasons for recommending denial.

IF YOU HAVE "NO COMMENT," PLEASE SO INDICATE, OR CALL.

Date

Name

Phone

Conc. Parcel Map w/ CUP

SUBDIVIDE A PARCEL OF 4.89 ACRES INTO 2 PARCELS OF 3.43 AND 1.46 ACRES AND SAL/ TEMP

OP RSF

GENERAL APPLICATION FORM

San Luis Obispo County Department of Planning and Building

APPLICATION TYPE - CHECK ALL THAT APPLY

- Public Lot
- Receiving Site
- Reversion to Acreage
- Voluntary Merger
- Lot Line Adjustment
- Sending Site
- Reconsideration
- Certificate of Compliance
- Parcel Map
- Road Abandonment
- Condominium (new or conversion)
- Tract Map
- Road Name

APPLICANT INFORMATION Check box for contact person assigned to this project

Landowner Name DR. HARVEY BILLIG Daytime Phone 831-626-3926
 Mailing Address PO BOX 1414 Zip Code 93921
 Email Address: CARMEL, CA 93921

Applicant Name JAN R HOCHHAUSER HOCHHAUSER BLATTER ARCHITECTURE Daytime Phone 805 962 2146
 Mailing Address 122 E AVENUE SANTA BARBARA CA Zip Code 93101
 Email Address: JAN@HBLARCHITECTS.COM

Agent Name JAN R HOCHHAUSER Daytime Phone SAME
 Mailing Address SAME Zip Code _____
 Email Address: _____

PROPERTY INFORMATION

Total Size of Site: 4.898 ACRES Assessor Parcel Number(s): 040-290-056

Legal Description: _____
 Address of the project (if known): 1155 LAS TABLAS ROAD TEMPLETON CA
 Directions to the site (including gate codes) - describe first with name of road providing primary access to the site, then nearest roads, landmarks, etc.: _____

Describe current uses, existing structures, and other improvements and vegetation on the property:
VACANT LAND

PROPOSED PROJECT

Describe the proposed project (incl. size of all proposed parcels): SUBDIVISION INTO
HOSPITAL PARCEL 3.435 ACRES AND ASSISTED LIVING PARCEL 1.462
ACRES - CONDITIONAL USE PERMIT / DEVELOPMENT PLAN.

LEGAL DECLARATION

I, the owner of record of this property, have completed this form accurately and declare that all statements here are true. I do hereby grant official representatives of the county authorization to inspect the subject property.

Property owner signature: [Signature]
AUTHORIZED AGENT

Date 2-27-2014

FOR STAFF USE ONLY

Minimum Parcel Size: _____ sq. feet acres by PAS? by Ordinance?

LAND DIVISION APPLICATION

San Luis Obispo County Department of Planning and Building

File No _____

Project Information:

What is the proposed density or parcel size?: 4.898 ACRES
Number of existing lots, parcels or certificates: _____ Existing parcel sizes: _____
What will the property be used for after division: HOSPITAL & ASSISTED LIVING FACILITY
Is the property part of a previous subdivision that you filed? Yes No CO 240079
If Yes, what was the map number: Tract No: _____ CO _____ COAL _____
Have you reviewed county records to determine if the subject property has ever been the subject of:
A recorded certificate of compliance or a recorded map? Yes No
Building permits or other approval? Yes No
If you answered Yes to either question, please provide copies of all applicable materials.

Off-Site Improvements: Will off-site road or drainage improvements be required? Yes No

Surrounding parcel ownership: Do you own adjacent property? Yes No
If yes, what is the acreage of all property you own that surrounds the project site? _____

Describe existing and future access to the proposed project site: LAS THOMAS ROAD AND NEW PRIVATE ACCESS DRIVE

Surrounding land use: What are the uses of the land surrounding your property (when applicable, please specify all agricultural uses):

North: HOSPITAL MEDICAL South: RESIDENTIAL
East: PROFESSIONAL OFFICE SKILLED NURSING West: PROFESSIONAL / OFFICE / MEDICAL

Proposed water source: On-site well Shared well Other _____
 Community System - List the agency or company responsible for provision: TEMPLETON COMMUNITY SERVICE DISTRICT
Do you have a valid will-serve letter? Yes (if yes, please submit copy) No

Proposed sewage disposal: Individual on-site system Other _____
 Community System - List the agency or company responsible for sewage disposal: TEMPLETON CSD
Do you have a valid will-serve letter? Yes (if yes, please submit copy) No

Fire Agency: List the agency responsible for fire protection: _____

List available or proposed utilities: Gas Telephone Electricity Cable TV

Adjustments: Are you requesting any adjustments? Yes No If Yes, please complete:
 Parcel & site design (21.03.010(c)) Access & circulation design (21.03.010(d))
 Flood hazard & drainage (21.03.010(e)) Water supply (21.03.010(f))
 Sewage Disposal (21.03.010(g)) Public Utilities (21.03.010(h))
 Road Exception (21.03.010(d))
Briefly describe the reasons for the request _____

Quimby Ordinance (Section 21.09.010, et seq., of Title 21): *N/A*

How are you proposing to meet the requirements of the Quimby Ordinance:

- Dedicate property for park & recreation purposes Pay the in-lieu fee
- Request credit for common open space (if you are choosing this option, please complete below)

Acres of open space: _____ Average slope of open space: _____

Describe the on-site recreational amenities being proposed and their location on the open space:

Specify the proposed ownership and method of maintenance of the open space: _____

Affordable Housing - Coastal Zone ONLY (Government Code Section 65590 - Section 23.04.092 of Title 23): *N/A*

Is your project a:

- New housing project containing 11 or more dwelling units or parcels; OR
- Demolition or conversion of one or more dwellings (includes mobile homes), where the proposed demolition or conversion involves three or more dwelling units in one structure, or 11 or more dwellings units in two or more structures AND any such units were occupied by persons or families of low or moderate income in the 12 months prior to filing the land use or division application.
- Demolition or conversion of one or more dwellings (includes mobile homes) to a non-residential use which is not "coastal dependent".

ENVIRONMENTAL DESCRIPTION FORM

San Luis Obispo County Department of Planning and Building

File No _____

The California Environmental Quality Act (CEQA) requires all state and local agencies to consider and mitigate environmental impacts for their own actions and when permitting private projects. The Act also requires that an environmental impact report (EIR) be prepared for all actions that may significantly affect the quality of the environment. The information you provide on this form will help the Department of Planning and Building determine whether or not your project will significantly affect the quality of the environment.

To ensure that your environmental review is completed as quickly as possible, please remember to:

- Answer ALL of the questions as accurately and completely as possible.
- Include any additional information or explanations where you believe it would be helpful or where required. Include additional pages if needed.
- If you are requesting a land division or a re-zoning, be sure to include complete information about future development that may result from the proposed land division or rezoning.
- Include references to any reports or studies you are aware of that might be relevant to the questions asked or the answers you provide.

Should a determination be made that the information is inaccurate or insufficient, you will be required to submit additional information upon request.

Physical Site Characteristic Information

Your site plan will also need to show the information requested here:

- Describe the topography of the site:
Level to gently rolling, 0-10% slopes: 4.500 acres
Moderate slopes of 10-30%: 3 acres
Steep slopes over 30%: — acres
- Are there any springs, streams, lakes or marshes on or near the site? Yes No
If yes, please describe: RIPARIAN AREA TO SOUTH
- Are there any flooding problems on the site or in the surrounding area? Yes No
If yes, please describe: _____
- Has a drainage plan been prepared? Yes No
If yes, please include with application.
- Has there been any grading or earthwork on the project site? Yes No
If yes, please explain: FILL
- Has a grading plan been prepared? Yes No
If yes, please include with application.
- Are there any sewer ponds/waste disposal sites on/adjacent to the project? Yes No
- Is a railroad or highway within 300 feet of your project site? Yes No
- Can the proposed project be seen from surrounding public roads? Yes No
If yes, please list: LAS TABLAS RD.

Water Supply Information

1. What type of water supply is proposed?
 Individual well Shared well Community water system
2. What is the proposed use of the water?
 Residential Agricultural - Explain _____
 Commercial/Office - Explain HOSPITAL & ASSISTED LIVING
 Industrial - Explain _____
3. What is the expected daily water demand associated with the project? _____
4. How many service connections will be required? _____
5. Do operable water facilities exist on the site?
 Yes No If yes, please describe: _____
6. Has there been a sustained yield test on proposed or existing wells?
 Yes No If yes, please attach _____
7. Does water meet the Health Agency's quality requirements? Yes No
 Bacteriological? Yes No
 Chemical? Yes No
 Physical Yes No
 Water analysis report submitted? Yes No
8. Please check if any of the following have been completed on the subject property and/or submitted to County Environmental Health.
 Well Driller's Letter Water Quality Analysis OK or Problems
 Will Serve Letter Pump Test Hours _____ G.P.M. _____
 Surrounding Well Logs Hydrologic Study Other _____

Please attach any letters or documents to verify that water is available for the proposed project.

Sewage Disposal Information

If an on-site (individual) subsurface sewage disposal system will be used: N/A

1. Has an engineered percolation test been accomplished?
 Yes No If yes, please attach a copy.
2. What is the distance from proposed leach field to any neighboring water wells? _____ feet
3. Will subsurface drainage result in the possibility of effluent reappearing in surface water or on adjacent lands, due to steep slopes, impervious soil layers or other existing conditions?
 Yes No
4. Has a piezometer test been completed?
 Yes No
5. Will a Waste Discharge Permit from the Regional Water Quality Control Board be required?
 Yes No (a waste discharge permit is typically needed when you exceed 2,500 gallons per day)

If a community sewage disposal system is to be used:

1. Is this project to be connected to an existing sewer line? Yes No
 Distance to nearest sewer line: < 100 FT Location of connection: ON PROPERTY
2. What is the amount of proposed flow? _____ G.P.D.
3. Does the existing collection treatment and disposal system have adequate additional capacity to accept the proposed flow? Yes No

Solid Waste Information

1. What type of solid waste will be generated by the project?
 Domestic Industrial Agricultural Other, please explain? _____
2. Name of Solid Waste Disposal Company: MID STATE
3. Where is the waste disposal storage in relation to buildings? _____
4. Does your project design include an area for collecting recyclable materials and/or composting materials? Yes No

Community Service Information

1. Name of School District: TEMPLETON UNIFIED
2. Location of nearest police station: _____
3. Location of nearest fire station: TEMPLETON
4. Location of nearest public transit stop: LAS TABLAS PD.
5. Are services (grocery/other shopping) within walking distance of the project? Yes No
If yes, what is the distance? 750 FT. feet/miles

Historic and Archeological Information

1. Please describe the historic use of the property: VACANT
2. Are you aware of the presence of any historic, cultural or archaeological materials on the project site or in the vicinity? Yes No
If yes, please describe: _____
3. Has an archaeological surface survey been done for the project site? Yes No
If yes, please include two copies of the report with the application.

Agricultural Information

Only complete this section if your site is: 1) Within the Agricultural land use category, or 2) currently in agricultural production.

1. Is the site currently in Agricultural Preserve (Williamson Act)? Yes No
2. If yes, is the site currently under land conservation contract? Yes No
3. If your land is currently vacant or in agricultural production, are there any restrictions on the crop productivity of the land? That is, are there any reasons (i.e., poor soil, steep slopes) the land cannot support a profitable agricultural crop? Please explain in detail: _____

Special Project Information

1. Describe any amenities included in the project, such as park areas, open spaces, common recreation facilities, etc.(these also need to be shown on your site plan): RIPARIAN AREA
2. Will the development occur in phases? Yes No
If yes describe: CIVIL INFRASTRUCTURE / ASSISTED LIVING FACILITY / HOSPITAL
3. Do you have any plans for future additions, expansion or further activity related to or connected with this proposal? Yes No If yes, explain: _____
4. Are there any proposed or existing deed restrictions? Yes No

If yes, please describe: _____

Energy Conservation Information

1. Describe any special energy conservation measures or building materials that will be incorporated into your project *:

*The county's Building Energy Efficient Structures (BEES) program can reduce your construction permit fees. Your building must exceed the California State Energy Standards (Title 24) in order to qualify for this program. If you are interested in more information, please contact the Building Services Division of the Department of Planning and Building at (805) 781-5600.

Environmental Information

1. List any mitigation measures that you propose to lessen the impacts associated with your project.

RIPARIAN RESTORATION, PERVIOUS PAVEMENT

2. Are you aware of any unique, rare or endangered species (vegetation or wildlife) associated with the project site? Yes No

If yes, please list:

3. Are you aware of any previous environmental determinations for all or portions of this property?

Yes No

If yes, please describe and provide "ED" number(s):

Other Related Permits

1. List all permits, licenses or government approvals that will be required for your project (federal, state and local): NPPES

(If you are unsure if additional permits are required from other agencies, please ask a member of the Planning Department staff currently assigned in either Current Planning or the Environmental Division.)

BEHAVIORAL HEALTH FACILITY & ASSISTED
LIVING FACILITY

Las Tablas Road
Templeton, CA.
Planning/Design



| DATE | ISSUANCE OR REVISION |
|----------|----------------------|
| 02.27.14 | PLANNING/DESIGN |
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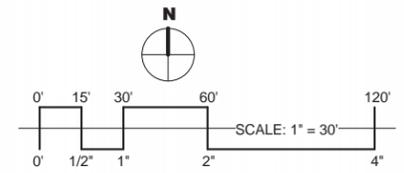
SHEET CONTENTS

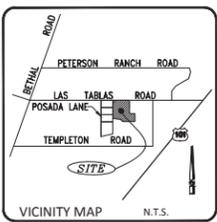
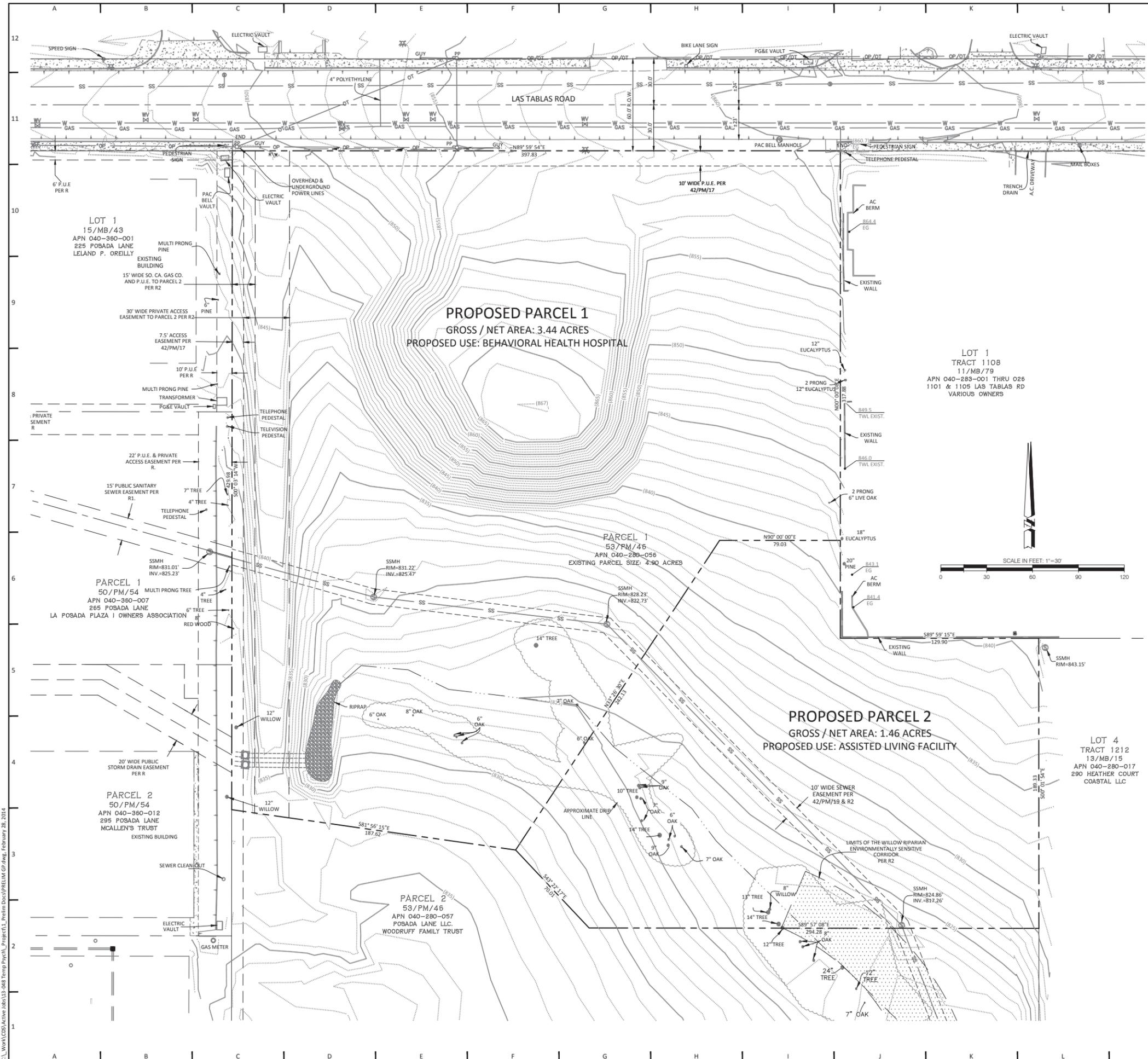
SITE PLAN

PROJECT NO.

SHEET

A1.1



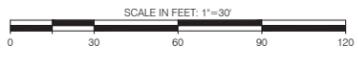


- NOTES**
- TOPOGRAPHIC SURVEY AND A PARTIAL BOUNDARY SURVEY WAS PROVIDED BY TWIN CITIES SURVEYING.
 - ANY POSSIBLE EASEMENTS AFFECTING PROPERTY ARE UNKNOWN EXCEPT AS SHOWN. NO TITLE REPORT WAS PROVIDED.
 - UNDERGROUND UTILITIES SHOWN HEREON (IF ANY) ARE BASED ON ABOVE-GROUND STRUCTURES AND RECORD DRAWINGS ONLY. ACTUAL LOCATION MAY VARY.
 - ADDITIONAL UNDERGROUND UTILITY SERVICE LINES TO THE PROPERTY MAY EXIST. FOR INFORMATION REGARDING UTILITY LOCATIONS, SIZE, DEPTH, CONDITION, AND CAPACITY, CONTACT UTILITY OWNERS.
 - PROPERTY OWNERS: HARVEY E. BILLIG III
P.O. BOX 1414
CARMEL, CA 93921
APN: 040-280-056
 - SITE ADDRESS: 1155 LAS TABLAS ROAD
TEMPLETON, CA. 93465
 - BOUNDARY INFORMATION SHOWN IS RECORD PER:
 - R = RECORD DATA PER 15/MB/43
 - R1 = RECORD DATA PER 50/PM/54
 - R2 = RECORD DATA PER 53/PM/46
 - M = MEASURED DATA

BASIS OF BEARINGS
 BEING THE BEARING OF N 00°03'39" W BETWEEN TWO FOUND MONUMENTS ALONG THE CENTER LINE OF POSADA LANE AS RECORDED IN 15 MB 43.

BENCH MARK
 TOP OF A BRASS DISK MARKED T 24 (TCS# 73) LOCATED AT THE NORTHWEST END OF THE VINEYARD ROAD BRIDGE OVER THE SALINAS RIVER.
 ELEVATION = 806.515 (NGVD 1929)

TBM = PROJECT BENCHMARK
 FOUND BRASS CAP "1.5571" IN MONUMENT WELL AT THE INTERSECTION OF LAS TABLAS ROAD AND POSADA LANE.
 ELEVATION = 843.62 FEET (NGVD 1929).
 ADD 2.815 FEET TO CONVERT ELEVATIONS TO NAVD 1988 DATUM



PLAN PREPARED BY:
CIVIL DESIGN STUDIO
 CIVIL ENGINEERING | PLANNING | PERMITTING

ENGINEER OF RECORD:

 DAVID W. TAYLOR
 CIVIL ENGINEER
 STATE OF CALIFORNIA
 LICENSE NO. 51938

9700 El Camino Real | Suite 300 | Atascadero, CA 94822
 805.704.0400 | www.civilstudio.com

BEHAVIORAL HEALTH FACILITY AND ASSISTED LIVING FACILITY

PROJECT LOCATION:
 1155 LAS TABLAS ROAD
 TEMPLETON, CA
 APN: 040-280-056

PROJECT NAME:
 BEHAVIORAL HEALTH FACILITY AND ASSISTED LIVING FACILITY

PLANS PREPARED FOR:

REVISIONS:

| | |
|--------------|-------------------|
| REVIEWED BY: | RDW |
| PREPARED BY: | DJN |
| DATE: | FEBRUARY 28, 2014 |
| SCALE: | AS SHOWN |
| CDS JOB #: | 13-048 |

**VESTING TENTATIVE
 PARCEL MAP NO CO 14-0020**

PARCEL 1, OF PARCEL MAP CO 94-079, AS FILED IN BOOK 53, PAGE 46, OF MAPS IN THE OFFICE OF THE COUNTY RECORDER, COUNTY OF SAN LUIS OBISPO, STATE OF CALIFORNIA.

COMMUNITY OF TEMPLETON
 COUNTY OF SAN LUIS OBISPO, STATE OF CALIFORNIA

C:\Work\CDS\active jobs\13-048 Temp\p\p\p\Project\1_inform\p\p\p\PRELIM GP.dwg, February 28, 2014

| DATE: | ISSUANCE OR REVISION |
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| 02.27.14 | PLANNING/DESIGN |
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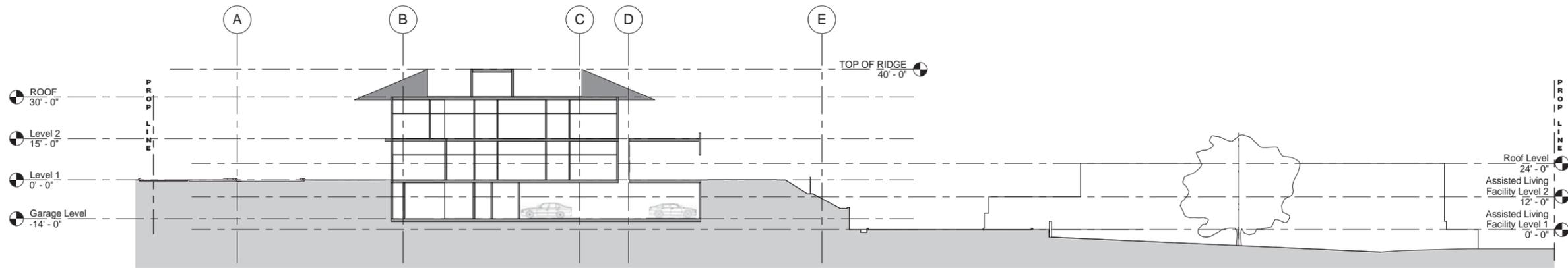
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SHEET CONTENTS
SITE SECTIONS

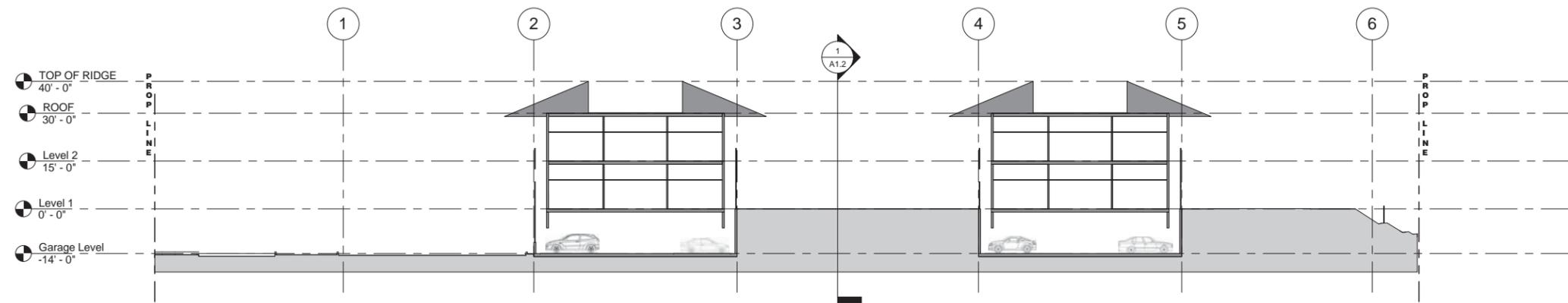
PROJECT NO.

SHEET

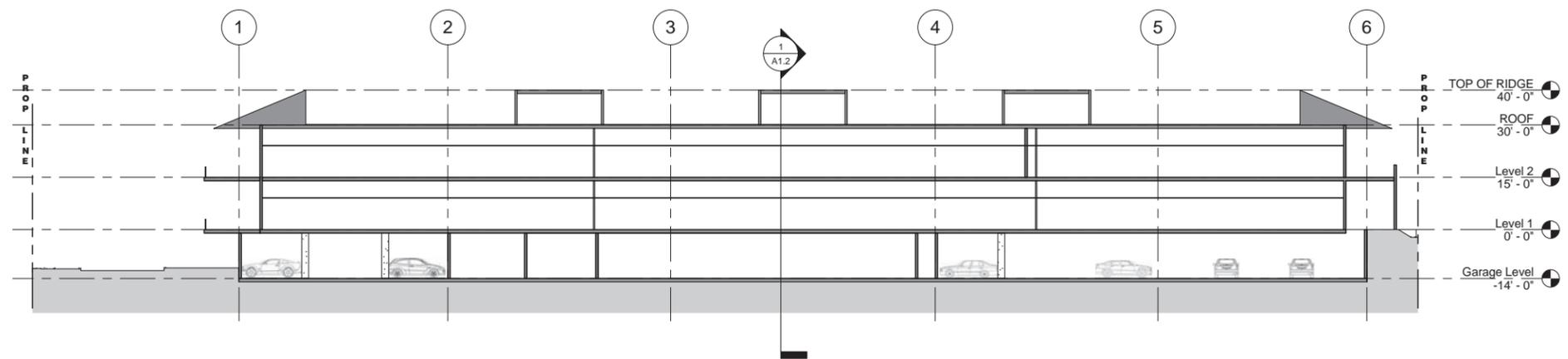
A1.2



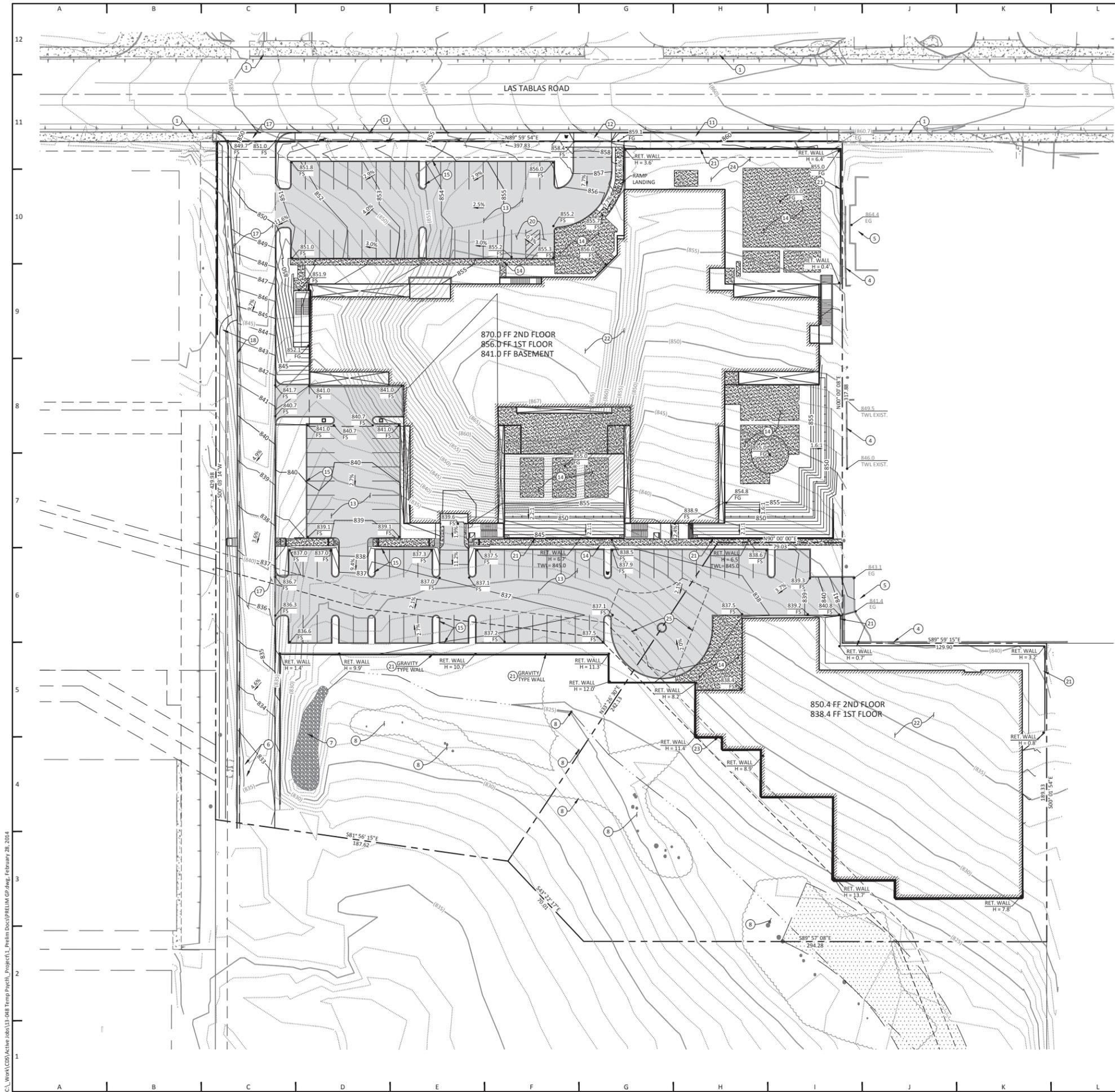
SITE SECTION A 1" = 20'-0" 1



SITE SECTION B 1" = 20'-0" 2



SITE SECTION C 1" = 20'-0" 3

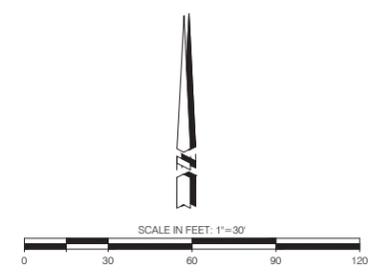


CONSTRUCTION NOTES

- 1 EXISTING CURB, GUTTER, AND SIDEWALK. PROTECT IN PLACE.
- 2 EXISTING UNDERGROUND UTILITIES. PROTECT IN PLACE.
- 3 EXISTING OVERHEAD UTILITIES / POWER POLE. PROTECT IN PLACE.
- 4 EXISTING RETAINING WALL. PROTECT IN PLACE.
- 5 EXISTING ASPHALT. PROTECT IN PLACE.
- 6 EXISTING STORM DRAIN PIPES. PROTECT IN PLACE.
- 7 EXISTING RIP RAP ENERGY DISSIPATION. PROTECT IN PLACE.
- 8 EXISTING TREES. PROTECT IN PLACE.
- NOTES 9 THRU 10 NOT USED.
- 11 PROPOSED P.C.C. CURB, GUTTER, AND SIDEWALK.
- 12 PROPOSED 24" DRIVEWAY PER SLO CO STANDARDS.
- 13 PROPOSED ASPHALT DRIVE AISLE AND PARKING STALLS.
- 14 PROPOSED P.C.C. SIDEWALK / FLATWORK.
- 15 PROPOSED 6" P.C.C. CURB PER SLO CO STANDARDS.
- 16 PROPOSED 6" P.C.C. CURB AND 18" GUTTER PER SLO CO STANDARDS.
- 17 PROPOSED ASPHALT CONCRETE DRIVE AISLE BY OTHERS AND RECIPROCAL ACCESS AND UTILITY EASEMENT FOR TR 2549.
- 18 PROPOSED CONCRETE CURB GUTTER AND SIDEWALK BY OTHERS.
- 19 PROPOSED COMMERCIAL DRIVEWAY BY OTHERS. (TR 2549)
- 20 PROPOSED HANDICAP ACCESSIBLE STALLS. PAVEMENT MAXIMUM SLOPE IN ANY DIRECTION SHALL NOT EXCEED 2%.
- 21 PROPOSED SITE RETAINING WALL. APPROXIMATE EXPOSED WALL HEIGHT PER PLAN.
- 22 PROPOSED BUILDING PER ARCHITECTURAL PLANS
- 23 PROPOSED FOUNDATION RETAINING WALL. APPROXIMATE EXPOSED WALL HEIGHT PER PLAN.
- 24 PROPOSED LANDSCAPING
- 25 PROPOSED EMERGENCY VEHICLE TURNAROUND.
- NOTES 26 THRU 30 NOT USED.
- 31 PROPOSED WATER MAIN BY OTHERS.
- 32 PROPOSED DOMESTIC WATER SERVICE LINE. SIZE TBD.
- 33 PROPOSED DOMESTIC WATER SERVICE METER WITH BACKFLOW ASSEMBLY. SIZE TBD.
- 34 PROPOSED IRRIGATION WATER METER WITH BACKFLOW ASSEMBLY. SIZE TBD.
- 35 PROPOSED PRIVATE FIRE LINE. SIZE TBD.
- 36 PROPOSED FIRE LINE DOUBLE CHECK ASSEMBLY. SIZE TBD.
- 37 PROPOSED FIRE HYDRANT.
- NOTES 38 THRU 40 NOT USED.
- 41 PROPOSED SEWER MAIN RELOCATION PER TCSO STANDARDS.
- 42 PROPOSED SEWER MANHOLE PER TCSO STANDARDS.
- 43 CONNECT NEW SEWER MAIN TO EXISTING MANHOLE. EXISTING SEWER MAIN TO BE ABANDONED.

HATCH LEGEND

- ASPHALT CONCRETE
- PORTLAND CEMENT CONCRETE SIDEWALKS / FLATWORK



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BEHAVIORAL HEALTH FACILITY AND ASSISTED LIVING FACILITY

PROJECT LOCATION:
 1155 LAS TABLAS ROAD
 TEMPLETON, CA
 APN: 040-280-056

PROJECT NAME:
 BEHAVIORAL HEALTH FACILITY AND ASSISTED LIVING FACILITY

REVISIONS:
 REVIEWED BY: RDW
 PREPARED BY: DJN
 DATE: FEBRUARY 28, 2014
 SCALE: AS SHOWN
 CDS JOB #: 13-048

PRELIMINARY GRADING PLAN

C:\Work\CDS\Active Jobs\13-048 Temp Project\Project\1_Prelim\Drawings\PRELIM GRADING February 28, 2014

| KEY NOTES | |
|-----------|-----------------------|
| 01 | ONE BED PATIENT ROOM |
| 02 | TWO BED PATIENT ROOM |
| 03 | |
| 04 | |
| 05 | ADMINISTRATION |
| 06 | MEDICAL RECORDS |
| 07 | WORK ROOM |
| 08 | KITCHEN |
| 09 | KITCHEN OFFICE |
| 10 | RESTROOM |
| 11 | FACILITY LAUNDRY |
| 12 | JANITOR'S CLOSET |
| 13 | RECEPTION |
| 14 | |
| 15 | LOBBY |
| 16 | ADA RESTROOM |
| 17 | SEATING AREA |
| 18 | OFFICE |
| 19 | LOUNGE/ FAMILY AREA |
| 20 | FAMILY MEETING ROOM |
| 21 | BEAUTY SALON |
| 22 | |
| 23 | |
| 24 | FAMILY PATIO TERRACE |
| 25 | SECURE OUTDOOR COURT |
| 26 | WANDERING GARDEN |
| 27 | |
| 28 | |
| 29 | DINING |
| 30 | THERAPEUTIC KITCHEN |
| 31 | |
| 32 | ADA RESTROOM |
| 33 | NEIGHBORHOOD ACTIVITY |
| 34 | SPA/BATHING |
| 35 | LAUNDRY/ HOUSEKEEPING |
| 36 | QUIET ROOM |
| 37 | |
| 38 | STAFF LOUNGE |
| 39 | STAFF RESTROOM |
| 40 | OFFICE |
| 41 | STORAGE |
| 42 | FOOD PREP |
| 43 | |
| 44 | ELEVATORS/ STAIRS |

BEHAVIORAL HEALTH FACILITY & ASSISTED
LIVING FACILITY

Lee Tobias Road
Templeton, CA
Planning/Design

| DATE: | ISSUANCE OR REVISION |
|----------|----------------------|
| 02.27.14 | PLANNING/DESIGN |
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SHEET CONTENTS

ASSISTED LIVING FACILITY 1ST FLOOR Plan

PROJECT NO.

SHEET

A2.4



BEHAVIORAL HEALTH FACILITY & ASSISTED
LIVING FACILITY

Lee Tobias Road
Templeton, CA
Planning/Design

KEY NOTES

| | |
|----|-----------------------|
| 01 | ONE BED PATIENT ROOM |
| 02 | TWO BED PATIENT ROOM |
| 03 | |
| 04 | |
| 05 | ADMINISTRATION |
| 06 | MEDICAL RECORDS |
| 07 | WORK ROOM |
| 08 | KITCHEN |
| 09 | KITCHEN OFFICE |
| 10 | RESTROOM |
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| 12 | JANITOR'S CLOSET |
| 13 | RECEPTION |
| 14 | |
| 15 | LOBBY |
| 16 | ADA RESTROOM |
| 17 | SEATING AREA |
| 18 | OFFICE |
| 19 | LOUNGE/ FAMILY AREA |
| 20 | FAMILY MEETING ROOM |
| 21 | BEAUTY SALON |
| 22 | |
| 23 | |
| 24 | FAMILY PATIO TERRACE |
| 25 | SECURE OUTDOOR COURT |
| 26 | WANDERING GARDEN |
| 27 | |
| 28 | |
| 29 | DINING |
| 30 | THERAPEUTIC KITCHEN |
| 31 | |
| 32 | ADA RESTROOM |
| 33 | NEIGHBORHOOD ACTIVITY |
| 34 | SPA/BATHING |
| 35 | LAUNDRY/ HOUSEKEEPING |
| 36 | QUIET ROOM |
| 37 | |
| 38 | STAFF LOUNGE |
| 39 | STAFF RESTROOM |
| 40 | OFFICE |
| 41 | STORAGE |
| 42 | FOOD PREP |
| 43 | |
| 44 | ELEVATORS/ STAIRS |

| DATE: | ISSUANCE OR REVISION |
|----------|----------------------|
| 02.27.14 | PLANNING/DESIGN |
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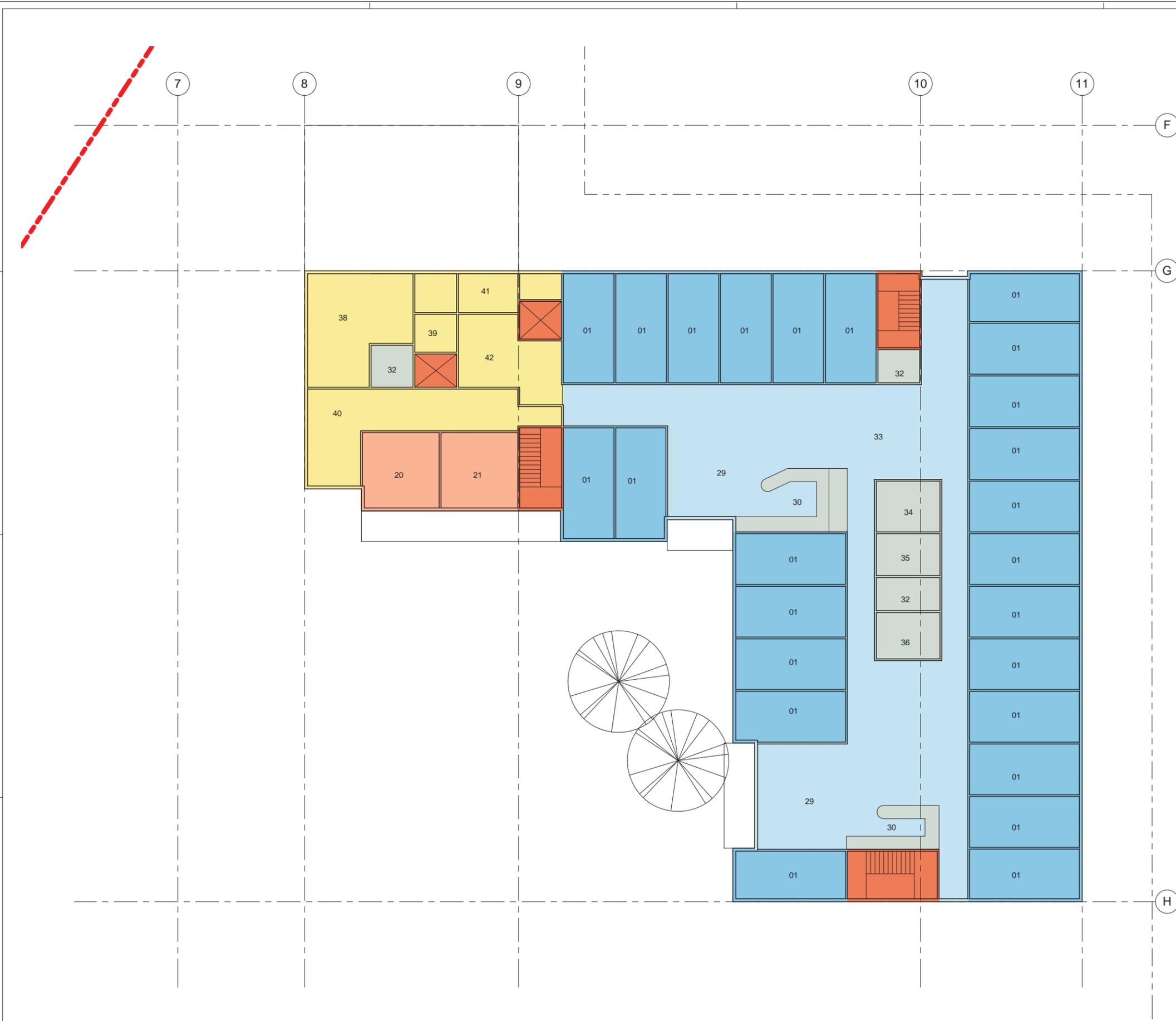
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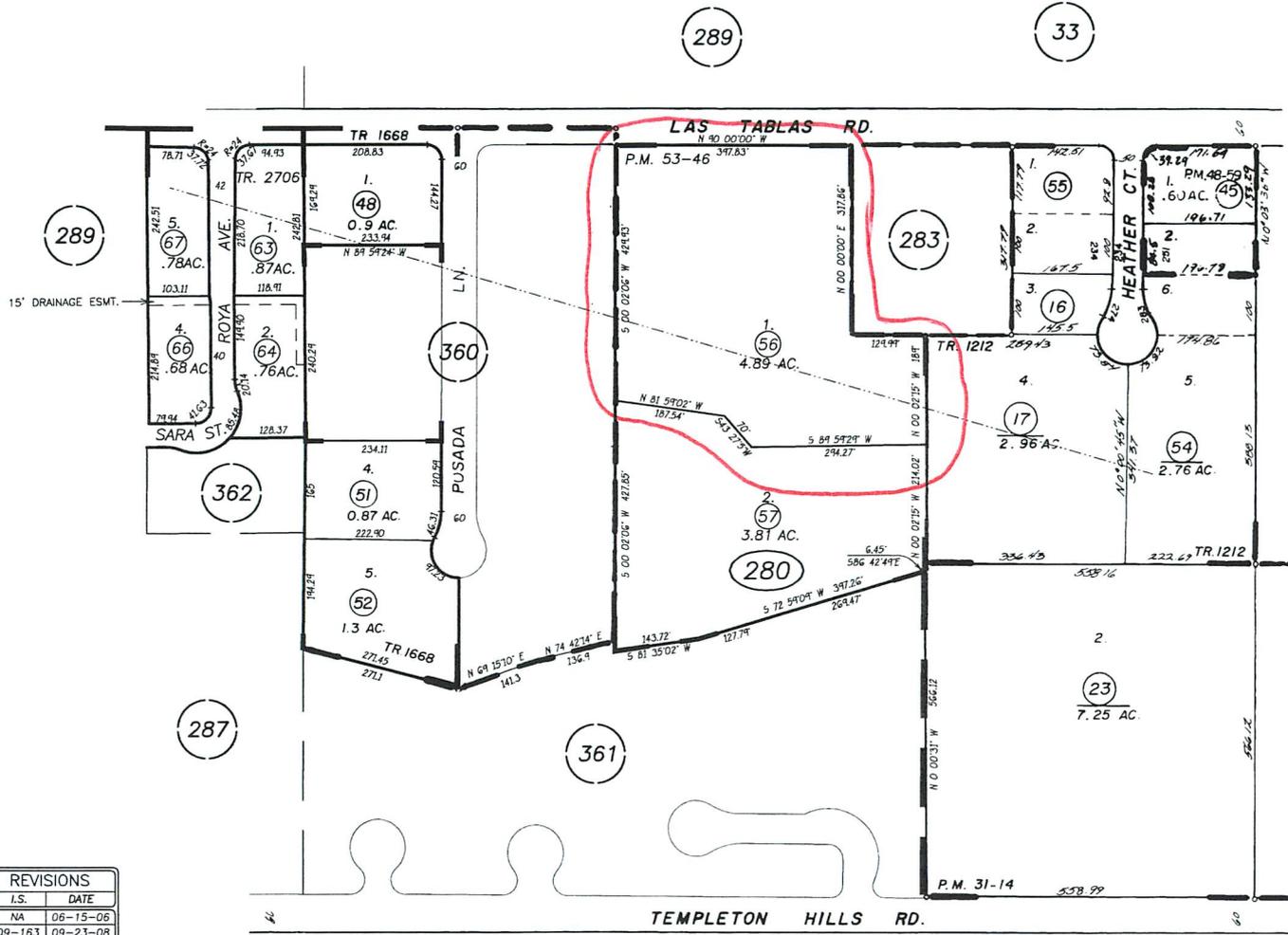
SHEET CONTENTS
ASSISTED LIVING FACILITY 2ND FLOOR Plan

PROJECT NO.

SHEET

A2.5





289

33

362

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283

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361

289

| REVISIONS | |
|-----------|----------|
| I.S. | DATE |
| NA | 06-15-06 |
| 09-163 | 09-23-08 |
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LZ 02-24-99 THIS MAP IS PREPARED FOR ASSESSMENT PURPOSES ONLY.

TRACT 2706 ; R.M. Bk. 27, Pg. 72.
 TRACT 1153 ; R.M. Bk. 14, Pg. 17.
 TRACT 1212 ; R.M. Bk. 13, Pg. 15.

TEMPLETON
 ASSESSOR'S MAP, COUNTY OF
 SAN LUIS OBISPO, CA.
 BOOK 040 PAGE 280





Parcel Summary Report For Parcel # 040-280-056

3/5/2014
4:15:30PM

San Luis Obispo County Department of Planning and Building

County Government Center

San Luis Obispo, California 93408

Telephone: (805) 781-5600

People Information

Role Name and Address

OWN BILLIG HARVEY E III
 PO BOX 1414 CARMEL CA 93921-1414

OWN BILLIG HARVEY E & MELANIE C REVOCAB

OWN BILLIG MELANIE C

Address Information

Status Address
 01155 LAS TABLAS RD TEMP

Lot Information:

| <u>Tract / Twnshp</u> | <u>Block / Range</u> | <u>Section</u> | <u>Community:</u> | <u>Plan/Area:</u> | <u>Lue 1:</u> | <u>Lue 2:</u> | <u>Lue 3:</u> | <u>Lot:</u> | <u>Flags:</u> | <u>Misc</u> |
|---------------------------|--------------------------|----------------|-------------------|-------------------|---------------|---------------|---------------|-------------|---------------|-------------|
| CO94- | 079 | 0001 | Templeton | Salinas | OP | RSF | | Y | SC | |

Parcel Information

Status Description
 Active PM 53/46 PAR 1

Notes

Tax Districts

TEMPLETON
 SAN LUIS OBISPO JT(27,40)
 TEMPLETON PUBLIC
 NO. 05
 TEMPLETON
 AREA NO. 21



Parcel Summary Report For Parcel # 040-280-056

3/5/2014
4:15:31PM

San Luis Obispo County Department of Planning and Building

County Government Center

San Luis Obispo, California 93408

Telephone: (805) 781-5600

Case Information

Case Number:

Case Status:

CCM2011-00003 CMP Primary Parcel

Description:

COND COMP FOR TREE SURVIVABILTY AND LANDSCAPING PAINT COLOR

D010021D EXP Primary Parcel

Description:

SKILLED NURSING/ASSISTED LIVING/REHAB

D950134D EXP Primary Parcel

Description:

CONST ASSISTED LIVING FACILITY

DRC2006-00131 APV Primary Parcel

Description:

CUP FOR MEDICAL BUILDING

PMT2002-25147 EXP Primary Parcel

Description:

GRADING FOR MEDICAL CARE FACILTIY CORNERSTONE ENG. CO WILL BE CONTACTING US

PMT2006-00062 EXP Primary Parcel

Description:

EXPIRED - ENGINEERED GRADING FOR MEDICAL FACILITY & RETAINING WALLS (SEE PUBLIC WORKS FOR ROAD IMPROVEMENT PLANS)
LAND USE PMT EXPIRATION? INCOMPLETE PLANS & DOCUMENTS, NO STRUCTURAL CALCS, OLD SOILS, NO HYDROLOGY STUDY FOR
CREEK RE-ALIGNMENT.

S930144P RDD Primary Parcel

Description:

SUBDIVISION OF 2 PARCELS

SUB2013-00052 REC Primary Parcel

Description:

SUBDIVIDE A PARCEL OF 4.89 ACRES INTO 2 PARCELS OF 3.43 AND 1.46 ACRES AND CONSTRUCTION OF ASSISTED LIVING FACILITY

SUB2005-00244 REC Related Parcel

Description:

ROAD NAME REQUESTS FOR 3 ROADS VIA LAS CASITAS CALLE DE PUEBLO CAMINO DE ARROYO