



**COUNTY OF SAN LUIS OBISPO**  
**DEPARTMENT OF PLANNING & BUILDING**  
**MARVIN A. ROSE, INTERIM DIRECTOR**

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**THIS IS A NEW PROJECT REFERRAL**

**DATE:** 7/6/2018  
**TO:** 5<sup>th</sup> District Legislative Assistant, Agricultural Commissioner, Air Pollution Control District, Building Division, Cal Fire/County Fire, Public Works, Sheriff, CA Fish and Wildlife, US Fish and Wildlife, RWQCB, City of Paso Robles, AB52  
**FROM:** Brandi Cummings ([bcummings@co.slo.ca.us](mailto:bcummings@co.slo.ca.us) or 805-781-1006)

**PROJECT NUMBER & NAME:** DRC2018-00103 GUITIERREZ

**PROJECT DESCRIPTION:** Proposed Minor Use Permit for 1 acre outdoor and 12,000 SQ/FT indoor (to be built) cannabis cultivations to be located at 1480 Penman Springs Rd. Paso Robles, CA 93446

**APN(s):** 015-053-035

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**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 I:** 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.

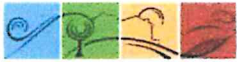
IF YOU HAVE "NO COMMENT," PLEASE SO INDICATE, OR CALL.

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**Date**

**Name**

**Phone**



# GENERAL APPLICATION FORM

San Luis Obispo County Department of Planning and Building

## APPLICATION TYPE - CHECK ALL THAT APPLY

- ☐ Emergency Permit   ☐ Tree Permit   ☐ Minor Use Permit  
☒ Conditional Use Permit/Development Plan   ☐ Plot Plan  
☐ Curb, Gutter & Sidewalk Waiver   ☐ Other   ☐ Site Plan  
☐ Surface Mining/Reclamation Plan   ☐ Zoning Clearance  
☐ Amendment to approved land use permit   ☐ Variance

Department Use Only  
Do Not Mark  
(Staff Apply Label Here)

## APPLICANT INFORMATION Check box for contact

person assigned to this project

☐ Landowner Name Marya Choborian Daytime Phone \_\_\_\_\_  
 Mailing Address 1480 Penman Springs Paso Robles Zip Code 93446  
 Email Address: \_\_\_\_\_

☐ Applicant Name Salvador Guittieren Daytime Phone \_\_\_\_\_  
 Mailing Address 1480 Penman Springs Paso Robles Zip Code 93446  
 Email Address: \_\_\_\_\_

☒ Agent Name Cory Blawie Public Policy Solutions Daytime Phone 916 801 0551  
 Mailing Address P.O. Box 2020 Templeton CA Zip Code \_\_\_\_\_  
 Email Address: cory@publicpolicyinc.com

## PROPERTY INFORMATION

Total Size of Site: 20.13 acres Assessor Parcel Number(s): 015-053-035

Legal Description: AG zone

Address of the project (if known): 1480 Penman Springs Paso Robles CA 93446

Directions to the site (including gate codes) - describe first with name of road providing primary access to the site, then nearest roads, landmarks, etc.: Penman Springs Rd.

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

Manufactured home, shop & pole barn; outdoor cultivation and proposed Greenhouses

## PROPOSED PROJECT

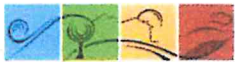
Describe the proposed project (inc. sq. ft. of all buildings): outdoor cultivation and proposed 12000 sq. ft. of greenhouse

## 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 Marya Choborian Date 6-25-18

## FOR STAFF USE ONLY



# LAND USE PERMIT APPLICATION

San Luis Obispo County Department of Planning and Building

File No \_\_\_\_\_

**Type of project:** ☒ Commercial ☐ Industrial ☐ Residential ☐ Recreational ☐ Other

Describe any modifications/adjustments from ordinance needed and the reason for the request (if applicable): \_\_\_\_\_

Describe existing and future access to the proposed project site: \_\_\_\_\_

**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? \_\_\_\_\_

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

North: \_\_\_\_\_ South: \_\_\_\_\_

East: \_\_\_\_\_ West: \_\_\_\_\_

**For all projects, answer the following:**

Square footage and percentage of the total site (approximately) that will be used for the following:

Buildings: 12,000 sq. feet \_\_\_\_\_% Landscaping: 0 sq. feet \_\_\_\_\_%

Paving: \_\_\_\_\_ sq. feet \_\_\_\_\_% Other (specify) \_\_\_\_\_

Total area of all paving and structures: 12,000 ☒ sq. feet ☐ acres

Total area of grading or removal of ground cover: 0 ☐ sq. feet ☐ acres

Number of parking spaces proposed: 3 Height of tallest structure: \_\_\_\_\_

Number of trees to be removed: 0 Type: \_\_\_\_\_

Setbacks: Front \_\_\_\_\_ Right x Left x Back x

**Proposed water source:** ☒ On-site well ☐ Shared well ☐ Other \_\_\_\_\_

☐ Community System - List the agency or company responsible for provision: \_\_\_\_\_

Do you have a valid will-serve letter? ☐ Yes ☐ No (If yes, please submit copy)

**Proposed sewage disposal:** ☐ Individual on-site system ☐ Other \_\_\_\_\_

☐ Community System - List the agency or company responsible for sewage disposal: \_\_\_\_\_

Do you have a valid will-serve letter? ☐ Yes ☐ No (If yes, please submit copy)

**Fire Agency:** List the agency responsible for fire protection: \_\_\_\_\_

**For commercial/industrial projects answer the following:**

Total outdoor use area: 1 ☐ sq. feet ☒ acres

Total floor area of all structures including upper stories: 12,000 sq. feet

**For residential projects, answer the following:**

Number of residential units: \_\_\_\_\_ Number of bedrooms per unit: \_\_\_\_\_

Total floor area of all structures including upper stories, but not garages and carports: \_\_\_\_\_ sf

Total of area of the lot(s) minus building footprint and parking spaces: \_\_\_\_\_ sf





File No \_\_\_\_\_

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

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

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

- Referral -- Page 4 of 22



### 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 cannabis  
☐ Commercial/Office - Explain \_\_\_\_\_  
☐ Industrial - Explain \_\_\_\_\_
3. What is the expected daily water demand associated with the project? 1600 gallons
4. How many service connections will be required? 3
5. Do operable water facilities exist on the site?  
☒ Yes    ☐ No    If yes, please describe: 2: 2500 gallon
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?  
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 / \_\_\_\_\_ GPM  
☐ 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:**

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    If 'Yes', please attach.
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: \_\_\_\_\_ Location of connection: \_\_\_\_\_
2. What is the amount of proposed flow? \_\_\_\_\_ GPD
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: \_\_\_\_\_
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: Unified School District
2. Location of nearest police station: Paso Robles
3. Location of nearest fire station: Paso Robles
4. Location of nearest public transit stop: no public transit
5. Are services (grocery/other shopping) within walking distance (1/2 mile or closer) of the project? ☐ Yes ☒ No

### Historic and Archeological Information

1. Please describe the historic use of the property: agriculture
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.

### Commercial/Industrial Project Information

**Only complete this section if you are proposing a commercial or industrial project or zoning change.**

1. Days of Operation: 7 days a week Hours of Operation: 6a - 3<sup>30</sup>p
2. How many people will this project employ? 0
3. Will employees work in shifts? ☐ Yes ☐ No  
If yes, please identify the shift times and number of employees for each shift \_\_\_\_\_
4. Will this project produce any emissions (i.e., gasses, smoke, dust, odors, fumes, vapors)?  
☐ Yes ☒ No If yes, please explain: \_\_\_\_\_
5. Will this project increase the noise level in the immediate vicinity? ☐ Yes ☒ No  
If yes, please explain: \_\_\_\_\_  
(If loud equipment is proposed, please submit manufacturers estimate on noise output.)
6. What type of industrial waste materials will result from the project? Explain in detail: n/a
7. Will hazardous products be used or stored on-site? ☐ Yes ☒ No  
If yes, please describe in detail: \_\_\_\_\_
8. Has a traffic study been prepared? ☐ Yes ☒ No If yes, please attach a copy.
9. Please estimate the number of employees, customers and other project-related traffic trips to or from the project: Between 7:00 - 9:00 a.m. 0 Between 4:00 to 6:00 p.m. 0



10. Are you proposing any special measures (carpooling, public transit, telecommuting) to reduce automobile trips by employees ☐ Yes ☐ No  
If yes, please specify what you are proposing: \_\_\_\_\_
11. Are you aware of any potentially problematic roadway conditions that may exist or result from the proposed project, such as poor sight distance at access points, connecting with the public road?  
☐ Yes ☒ No If yes, please describe: \_\_\_\_\_

### 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): \_\_\_\_\_
2. Will the development occur in phases? ☒ Yes ☐ No  
If yes describe: Phase 1 - 1 acre outdoor cultivation 2 greenhouses; Phase 2 - 5 greenhouses
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 \*: N/A

\*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:  
N/A
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): State license for cultivation

(If you are unsure if additional permits are required from other agencies, please ask a member of the Planning Department staff currently assigned to the project)

Appendix 2:



COUNTY OF SAN LUIS OBISPO  
DEPARTMENT OF PLANNING & BUILDING  
CANNABIS APPLICATION SUPPLEMENT

PLN-2018  
12/8/2017

The following information is required in addition to the Land Use Permit Application.

**Cannabis Activities Proposed**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Cultivation | <input checked="" type="checkbox"/> Nursery | <input type="checkbox"/> Manufacturing Facility |
| <input type="checkbox"/> Testing Facility       | <input type="checkbox"/> Dispensary         | <input type="checkbox"/> Distribution Facility  |

**For Cultivation and Nurseries ONLY**

Approved Cooperative/Collective Registration number. *Note: If you do not hold an approved cooperative/collective registration, you cannot apply for cultivation until 2019.*

Approved registration number: CCM2016- 00394

What is the applicant on the approved registration? *Note: The applicant name on the registration must match the applicant name on the land use permit.*

Name of applicant: Salvador Gutierrez - PASO COUNTY FARMS

Are you planning on cultivating on the same site that a registration was approved for?

- ☐ Yes ☒ No

What type of State cultivation license are you seeking?

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Type 1                 | <input type="checkbox"/> Type 2        | <input checked="" type="checkbox"/> Type 3 | <input type="checkbox"/> Type 4             |
| <input type="checkbox"/> Type 5                 | <input type="checkbox"/> Microbusiness | <input checked="" type="checkbox"/> Indoor | <input checked="" type="checkbox"/> Outdoor |
| <input checked="" type="checkbox"/> Mixed-light |  |  |   |

Designate the total square footage of your cultivation canopy area(s). This is not necessarily the maximum canopy size allowed by the tier of license for which you are applying, but the amount of canopy area you intend to produce. If you intend to have multiple canopy area locations, include only the total square footage of the total canopy.

66,000 sq ft.

Check one or more of the following that apply and attach a detailed diagram of your designated canopy area. Include specific dimensions, in feet and inches, in the diagram. If you have only a single canopy area, clearly indicate that. If you are designating multiple canopy areas, clearly identify the square footage and dimensions of each area and how it is separated from other canopy areas. Note that if you are designating multiple canopy areas you must separate each area by a physical boundary such as an interior wall. Vertically stacked canopy areas must be identified as such in the detailed diagram submitted by applicants.

I have designated the specific area and dimensions of my newly designated canopy area(s):

## CANNABIS APPLICATION SUPPLEMENT

- ☐ On my floor plan submitted with the application  
☐ On an additional document submitted with my application

Record your estimates of electrical usage in kilowatt-hours (kWh). To determine how many kWh a piece of equipment uses, take the following steps:

- Determine the wattage of the device by checking manufacturer specifications
- Multiply this number by the number of hours each month the device will be in use to determine watt-hours.
- Divide each month's watt-hours by 1,000 to determine kWh. Round to three decimal places.
- Repeat this for each piece of equipment and the total amounts for each month.
- Estimates should assume the business is in full production for each month.

Describe all sources of electrical power and the total annual kWh expected to be drawn from each. For example, if the operation uses on-site power generation from a source such as solar panels, document the amount of power you expect to use from that source in addition to any other sources.

Source or utility name	Expected kWh drawn annually
PG & E	600 monthly 7200 yearly
<b>Total Annual kWh:</b>	7200

Clearly identify the measurement unit you are using to estimate or report your water usage. If you are using multiple units, you may use additional columns to record that information. If you are using reclaimed water, identify that as a source. If you are utilizing more sources of water than may be included on this form, you may include that information on a separate page submitted with this application.

Estimate the total water used in the production of marijuana by month. If recording estimates for multiple sources, estimate these amounts separately.

Source			
Month and Year	Gallons		
1	42000		
2	42000		
3	50000		
4	50000		
5	50000		
6	50000		
7	50000		
8	50000		
9	50000		
10	50000		
11	50000		
12	50000		
<b>Totals</b>	584000		



## CANNABIS APPLICATION SUPPLEMENT

Do you plan on using pesticides?

☒ Yes ☐ No

List of pesticides anticipated to be used:

Pyganic - 55 gal  
Neem oil - 55 gal  
Mineral oil - 10 gal  
Monterey Spinosad - 55 gal  
Oxi-clase 55 gal

### For Manufacturing ONLY

What type of State manufacturing license are you seeking? *Note: Volatile manufacturing is prohibited.*

☐ Type 6 ☐ Type 7 ☐ Type N ☐ Type P  
☐ Microbusiness

What type of products do you plan on manufacturing?

☐ Oils ☐ Edibles ☐ Topicals ☐ Other \_\_\_\_\_

Will the facility be utilizing a closed-loop extraction system?

☐ Yes ☐ No

(If extracting) What types of extraction will you be performing?

☐ Butane ☐ Propane ☐ Hexane ☐ Carbon Dioxide  
☐ Ethanol ☐ Mechanical ☐ None  
☐ Other \_\_\_\_\_

### For Distribution ONLY

What type of State distribution license are you seeking?

☐ Type 11 ☐ Type 11 – Transport Only

Will you be operating a storage-only business?

☐ Yes ☐ No

How many vehicles do you anticipate transporting/distributing product?

☐ 1-5 ☐ 6-10 ☐ 11+ ☐ N/A Storage Only/Other

## CANNABIS APPLICATION SUPPLEMENT

### For Dispensaries ONLY

What type of State dispensary license are you seeking? *Note: Dispensaries are not allowed to have storefronts open to the public.*

☐ Type 9 – non-storefront dispensary

☐ Type 10

☐ Microbusiness

Will you be delivering to other jurisdictions?

☐ Yes

☐ No

How many vehicles do you anticipate delivering product?

☐ 1-5

☐ 6-10

☐ 11+

☐ N/A Storage Only/Other

How many deliveries per day do you anticipate delivering product?

☐ <10

☐ 11-50

☐ 51-100

☐ >100

☐ N/A Storage Only/Other

## **I. Project Description**

Phase 1 of this project is for a proposed 1 acre of outdoor cannabis cultivation and 2 greenhouses of indoor cannabis cultivation. Each greenhouse is 30' x 96'. Phase 2 is a proposed additional 2 greenhouses of indoor cannabis cultivation. Each greenhouse is 30' x 96'. There will be normal business hours from 6am to 3:30p, daily with seasonal help during harvest. The proposed outdoor cultivation and project area will be surrounded by a 6ft tall wooden fence. *KL*

## **II. Application**

- A. Land Use Permit See Appendix 1
- B. Cannabis Supplement See Appendix 2

## **III. Site Plan**

See Appendix 3

## **IV. Proof of Legal Access**

See Appendix 6



## **VI. Preliminary Floor Plans and Architectural Elevations**

See Appendix 3

## **VII. Storm Water Control Plan Application**

This project is located outside the Storm Water Management area.

## **VIII. Grading Plan**

No grading is necessary because the plan is to cultivate in the same place as last year's harvest.

## **IX. Water Management Plan**

Water is supplied from a well on-site. Approximately, 42-50,000 gallons will be used cumulatively each month through a drip irrigation system that will be controlled by a timers.

Well and Water Report- See Appendix 8

## **X. Operations/Security Plan**

See Appendix 4

## **XI. Proof of Successful Registration**

Cultivation Registration Number: CCM 2016-00308

## **XII. Materials/Storage Plan**

Fertilizers and pesticides will be stored in the Workshop building on-site. There will be 55 gal of Pyganic, 55 gal of Neam oil, 10 gal of Mineral oil, 55 gal of Monterey Spiro-sad and 55 gal of Oxidase.

## **XIII. Community Plan**

The community will not be disturbed by activities related to this cultivation project. The cultivation site is closed to the public and there will not be excessive trips to and from the property.

## **XIV. Archeological Report**

see Appendix 8

## **XVI. Geologic Report**

This project is located outside the Geologic Study Area (GSA) and therefore does not require a Geologic Report.

## **XVII. Noise Study**

There will be no adverse effect to the surrounding property or any disturbance to the peace as a result of this cultivation project. No heavy or noisy machinery will be used daily.

## **XVIII. Traffic Analysis**

There will be no increase in traffic especially during peak hours due to cannabis activities on this property since additional full-time or part-time employees will be hired and the current cultivators live on-site. Seasonal workers will harvest and transport the product off property during non-peak hours.

## **XIX. Visual Analysis**

The proposed project will not obstruct views of neighbors. All outdoor cannabis will be surrounded by a 6ft wooden fence. The greenhouses will be neutrally colored and not excessive height.

## **XX. Biological Report**

There are no known special status species or habitat present within the proposed project site.





## Parcel Information

**APN:** 015-053-035  
**Assessee:** CHOBOIAN MANYA TRE  
**Care Of:**  
**Address:** 2275 FLORA ST SLO  
CA 93401  
**Description:** PM 15/68 PAR 2  
**Site Address:**  
01480 PENMAN SPRINGS RD  
**Tax Rate Area Code:** 104001  
**Estimated Acres:** 20.13  
**Community Code:** NCELPO  
**Supervisor District:** Supdist 5  
**Avg Percent Slope:** 13



Selected Parcel

## Land Use Information

### Land Uses Combining Designations

AG	
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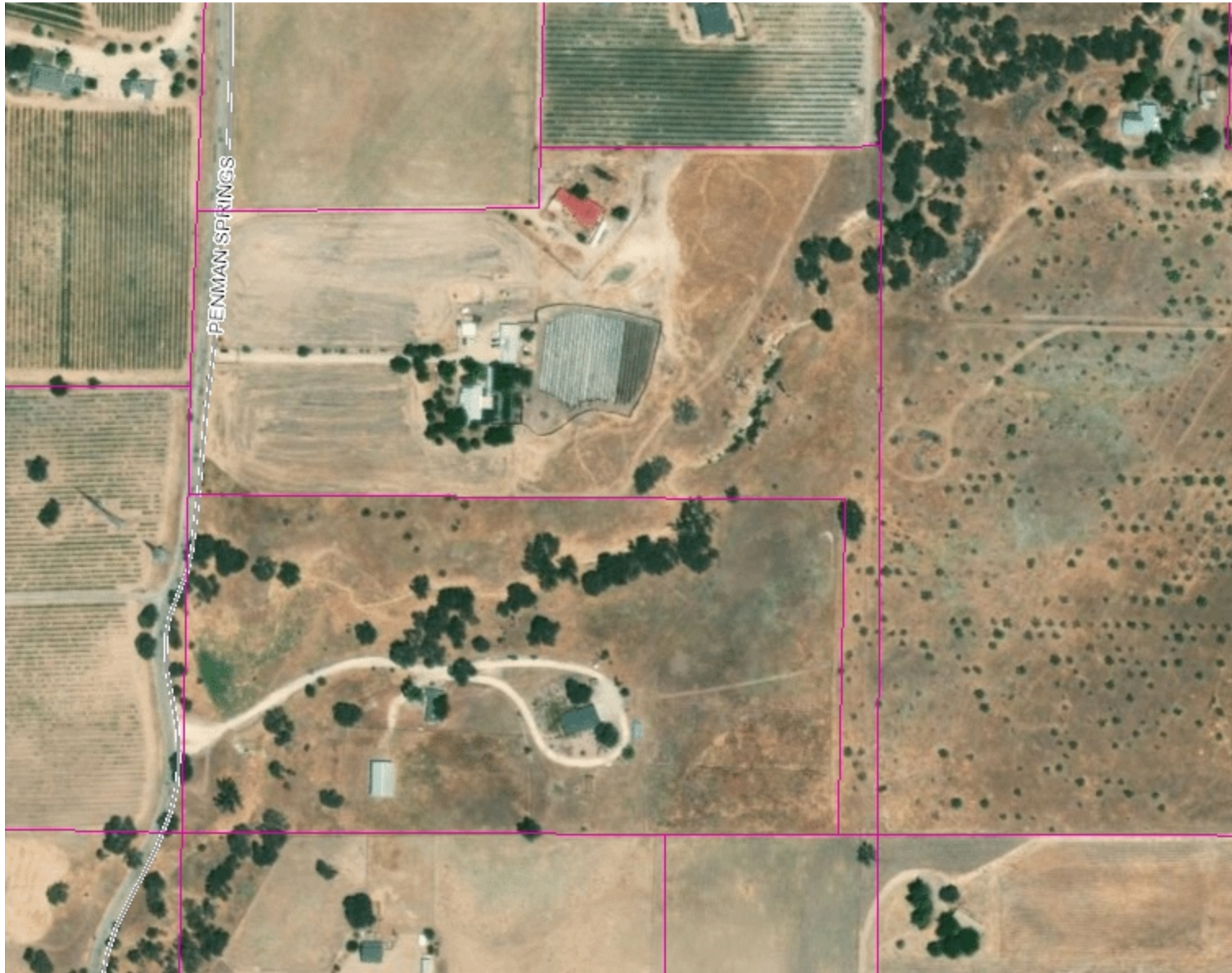


Parcel location within San Luis Obispo County

## Permit Information

Permit	Description	Application Date
DRC2018-00103	Land Use	7/3/2018 11:39:33 AM
PMT2017-01036	PMTTC - Commercial Permit	10/2/2017 3:26:24 PM
PMT2017-00889	Determination	9/18/2017 2:06:58 PM
COD2017-00011	Code Enforcement	7/10/2017 9:29:50 AM
CCM2016-00287	CCM - Condition Compliance Monitoring	11/17/2016 12:09:58 PM

# Interactive Data Viewer



## Legend

- SLO County Parcels
- Roads**
  - CalTrans
  - Maintained by SLO CO
  - Private Maintenance
  - Federal or State Maintenance

-752.33      0      376.17      752.33 Feet      1:4,514

WGS\_1984\_Web\_Mercator\_Auxiliary\_Sphere  
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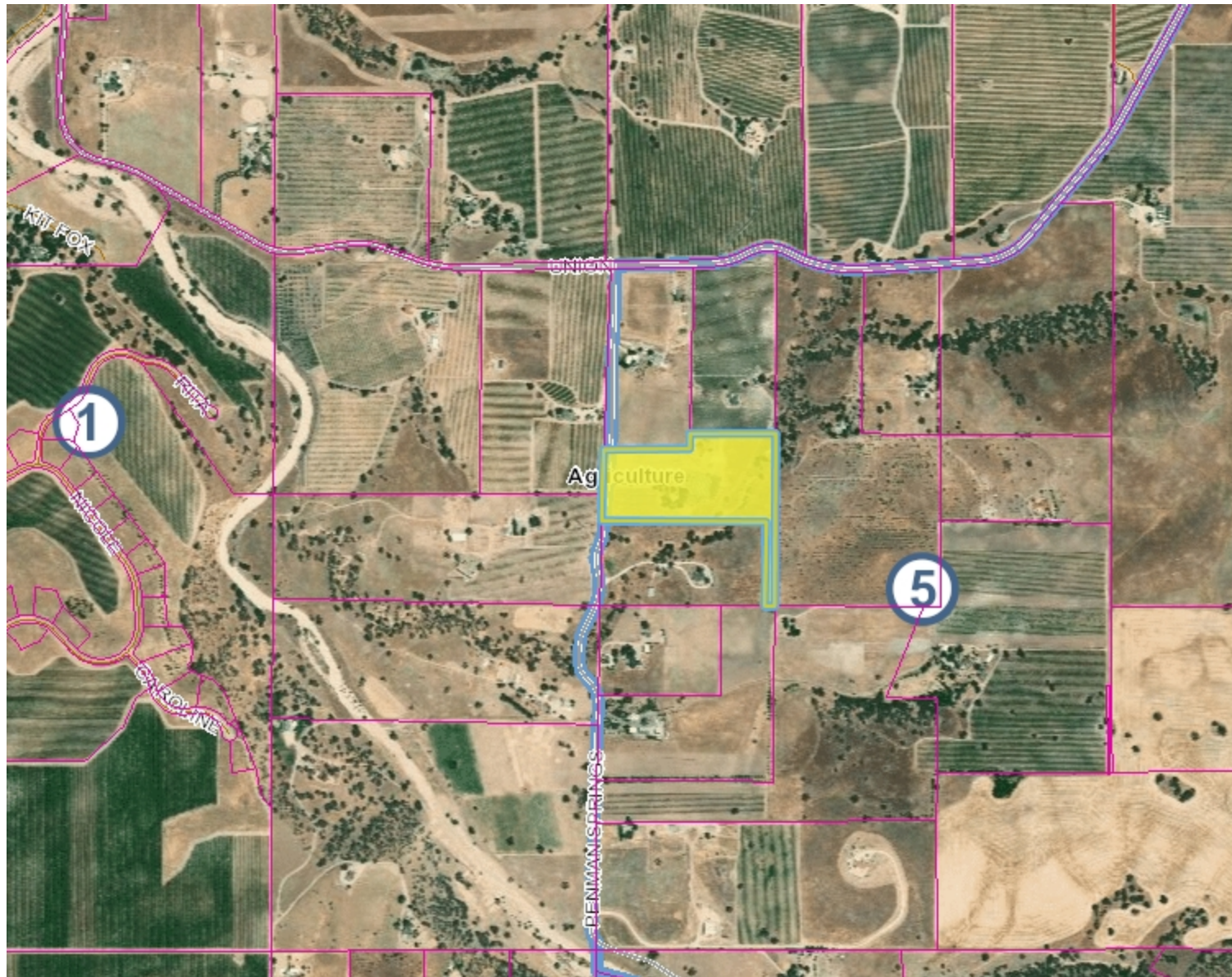
Map for Reference Purposes Only



Referral -- Page 18 of 22



# Interactive Data Viewer



## Legend

- SLO County Parcels
- Roads**
  - CalTrans
  - Maintained by SLO CO
  - Private Maintenance
  - Federal or State Maintenance
- Community Advisory Groups**
  - Community Advisory Group Boundary
  - Cayucos Citizens Advisory Council Subarea
  - Creston Advisory Body Sub Areas
- Supervisor Districts
- Land Use Outlines

-3,009.33      0      1,504.66      3,009.33 Feet      1: 18,056

WGS\_1984\_Web\_Mercator\_Auxiliary\_Sphere  
© County of San Luis Obispo Planning and Building Department

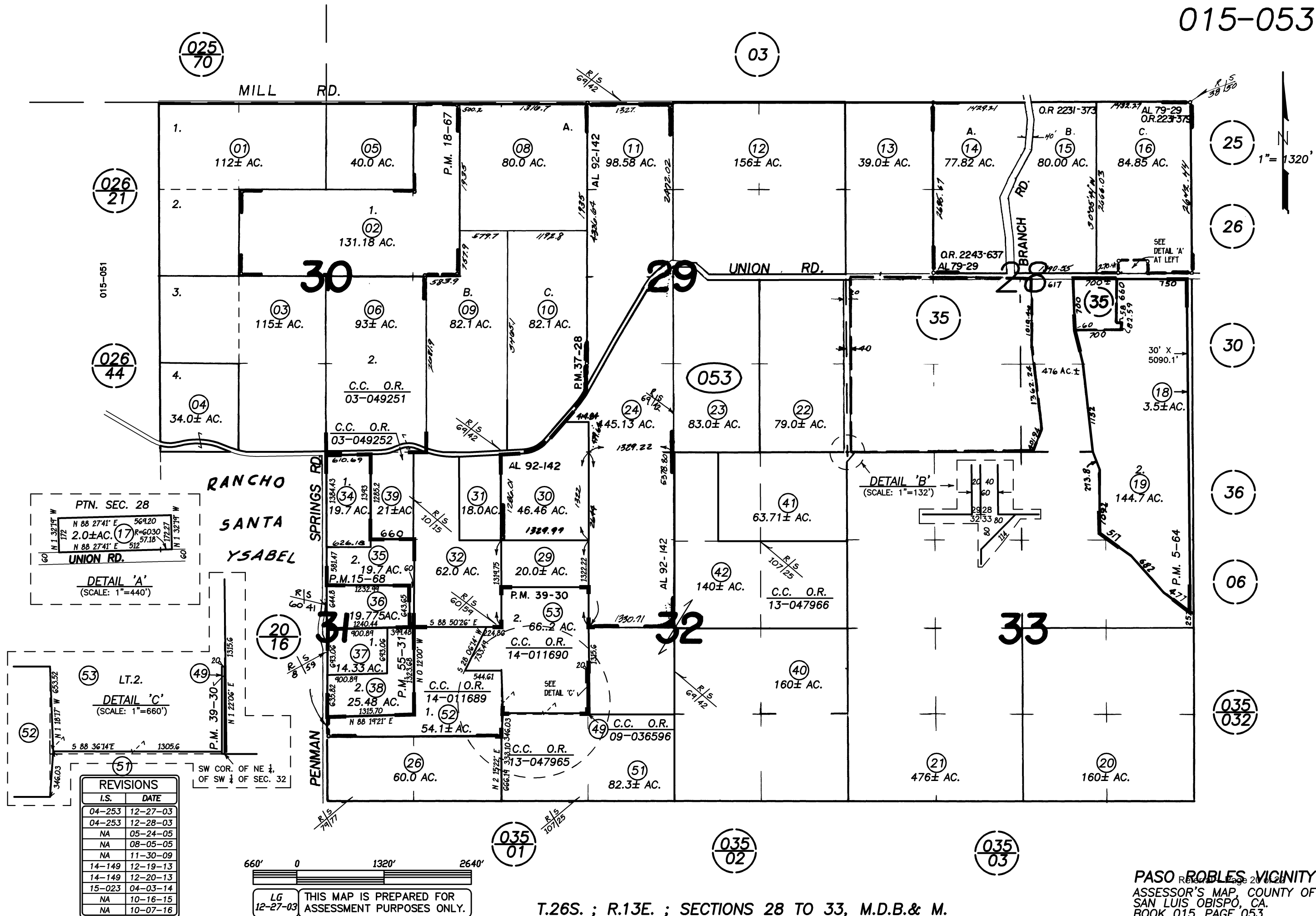


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Map for Reference Purposes Only



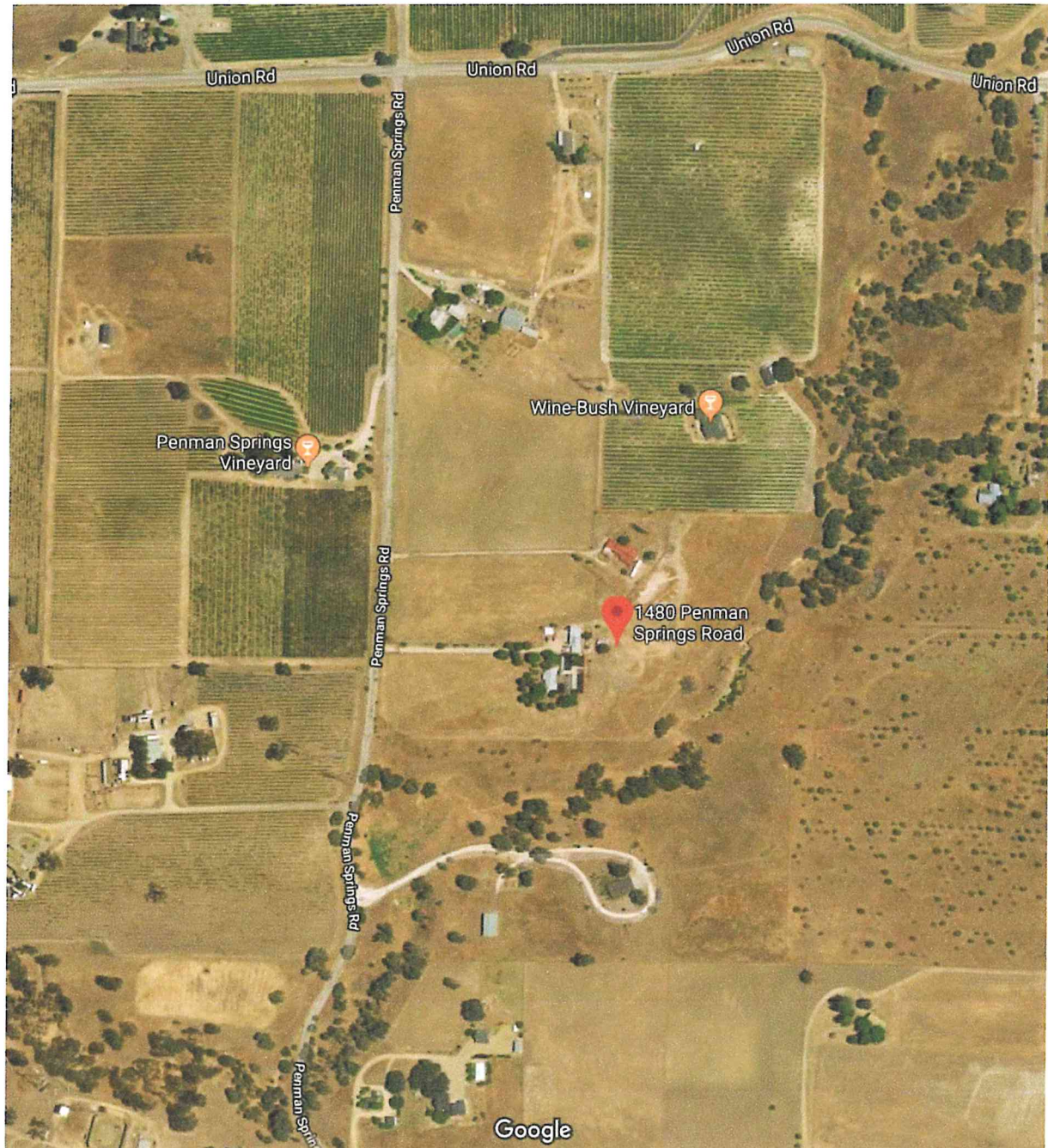
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## V. Vicinity Map

APN: 015-053-035

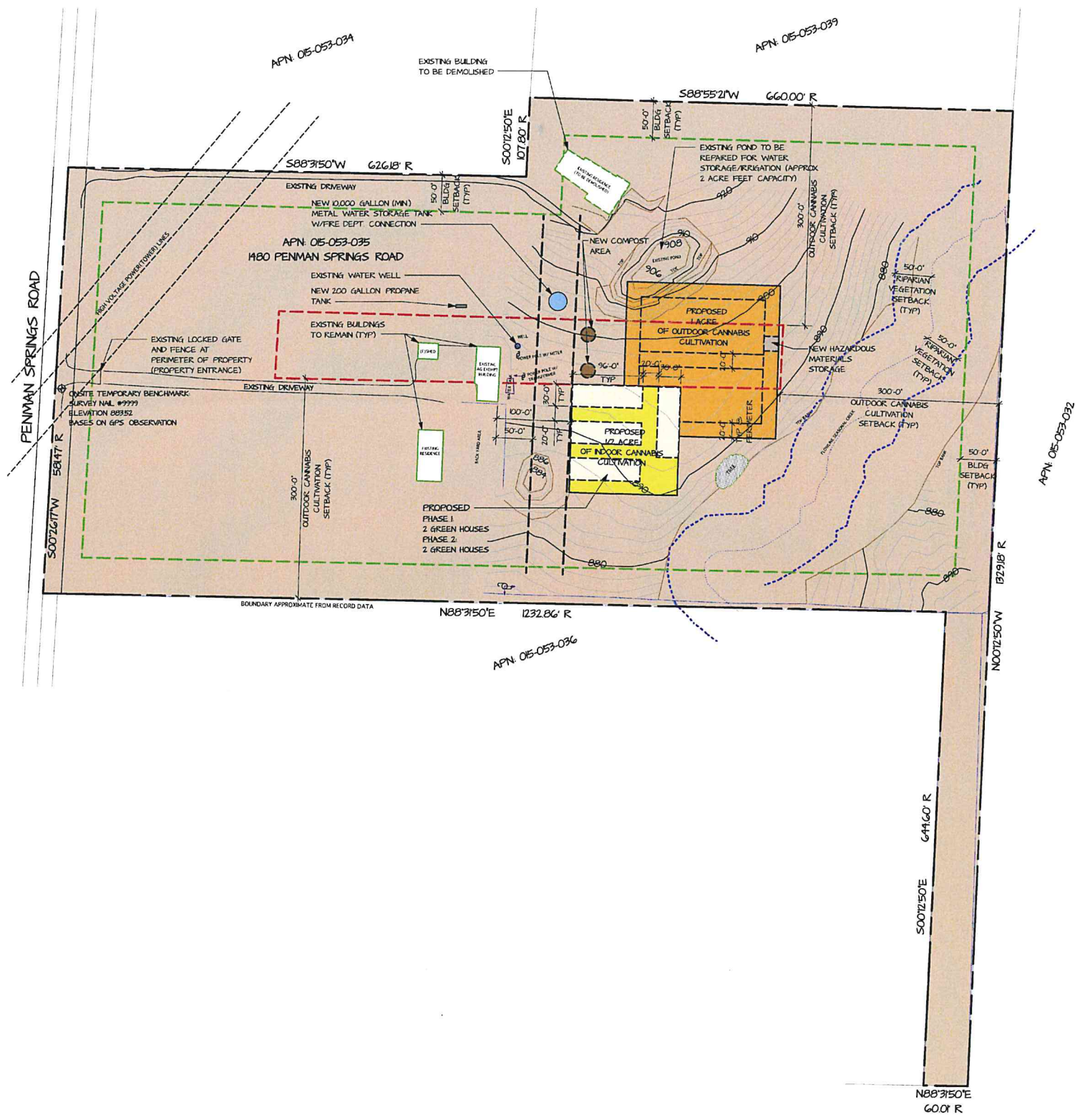






CONCEPTUAL SITE PLAN

1" = 80'-0"



CLIENT & PROJECT LOCATION  
CHOBAN CONCEPTUAL SITE PLAN - PASO ROBLES  
MARIA CHOBAN  
180 PENMAN SPRINGS ROAD  
PASO ROBLES, CA 92346  
C/O  
JUSTIN J. BORSA  
(805) 550-1458

DESIGNED BY  
JAMES GUEVARA  
551 Branch St  
San Luis Obispo, CA 93401  
(805) 550-1458  
JUNE 15, 2018