



County of Riverside

Official County Receipt

Report ID: RVARA091
 Run Date/Time: 6/3/2019 3:49 PM
 Page No: 1 of 1
 Received Date: 6/3/2019
 Accounting: 6/3/2019

Deposit BU: TLARC
 Account: TL01
 Descr: TLARC TLMA ADMINISTRATION

Receipt Number	Dir Jrtl	Payment ID	Description of Payment	Pmt Amt
32468 -2	<input checked="" type="checkbox"/>	CK 00002115	ZAP1371MA19	499.00

Customer Name: SRG PERRIS LP

32468 -3 CK 00002112 ZAP1371MA19 1,022.00

Customer Name: SRG PERRIS, LP

Operator: E237384

Assigned: E237384

Total Payment: 1,521.00



RIVERSIDE COUNTY AIRPORT LAND USE COMMISSION

March
22/1
CZ-HT

APPLICATION FOR MAJOR LAND USE ACTION REVIEW

ALUC CASE NUMBER: ZAP1371MA19 DATE SUBMITTED: 6-3-19

APPLICANT / REPRESENTATIVE / PROPERTY OWNER CONTACT INFORMATION

Applicant	Sares- Regis Group / SRG Perris, LP	Phone Number	949-809-2414
Mailing Address	18802 Bardeen Ave Irvine CA 92612	Email	prussell@sares-regis.com
Representative	EPD Solutions	Phone Number	949-226-1854
Mailing Address	2 Park Plaza Suite 1120 Irvine CA 92614	Email	norah@epdsolution.com
Property Owner	SRG Perris LP	Phone Number	949-809-2414
Mailing Address	18802 Bardeen Ave Irvine CA 92612	Email	prussell@sares-regis.com

LOCAL JURISDICTION AGENCY

Local Agency Name	County of Riverside	Phone Number	951-955-6060
Staff Contact	Timothy Wheeler	Email	TWHEELER@RIVCO.ORG
Mailing Address	4080 Lemon St 12th Floor Riverside CA 92501	Case Type	Plot Plan
Local Agency Project No	PPT190011	<input type="checkbox"/> General Plan / Specific Plan Amendment <input type="checkbox"/> Zoning Ordinance Amendment <input type="checkbox"/> Subdivision Parcel Map / Tentative Tract <input type="checkbox"/> Use Permit <input checked="" type="checkbox"/> Site Plan Review/Plot Plan <input type="checkbox"/> Other	

PROJECT LOCATION

Attach an accurately scaled map showing the relationship of the project site to the airport boundary and runways

Street Address: SWC of Nandina Ave and Decker Rd

Assessor's Parcel No.: 295-310-012-3, 4, 5, 6 Gross Parcel Size: 36 acres

Subdivision Name: _____ Nearest Airport and distance from Airport: _____

Lot Number: _____

PROJECT DESCRIPTION

If applicable, attach a detailed site plan showing ground elevations, the location of structures, open spaces and water bodies, and the heights of structures and trees; include additional project description data as needed

Existing Land Use (describe): Site is currently vacant

Riverside County Airport Land Use Commission, County Administrative Center, 4080 Lemon Street, 14th Floor, Riverside, CA 92501,
Phone: 951-955-5132 Fax: 951-955-5177 Website: www.rcaluc.org

Mailing labels of property owners within 300 ft radius (in person or by mail)

Proposed Land Use (describe)	Development of one story + mezzanine buildings for speculative industrial/commercial warehouse use.		
For Residential Uses	Number of Parcels or Units on Site (exclude secondary units)	NA	
For Other Land Uses (See Appendix C)	Hours of Operation	TBD	
	Number of People on Site	Maximum Number	
	Method of Calculation		
Height Data	Site Elevation (above mean sea level)		ft.
	Height of buildings or structures (from the ground)	43	ft.
Flight Hazards	Does the project involve any characteristics which could create electrical interference, confusing lights, glare, smoke, or other electrical or visual hazards to aircraft flight? if yes, describe		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

- A. NOTICE:** Failure of an applicant to submit complete or adequate information pursuant to Sections 65940 to 65948 inclusive, of the California Government Code, MAY constitute grounds for disapproval of actions, regulations, or permits.
- B. REVIEW TIME:** Estimated time for "staff level review" is approximately 30 days from date of submittal. Estimated time for "commission level review" is approximately 45 days from date of submittal to the next available commission hearing meeting.

C. SUBMISSION PACKAGE:

1. Completed ALUC Application Form
1. ALUC fee payment — **1521 (incl. 190)**
1. Plans Package (24x36 folded) (site plans, floor plans, building elevations, grading plans, subdivision maps)
1. Plans Package (8.5x11) (site plans, floor plans, building elevations, grading plans, subdivision maps, zoning ordinance/GPA/SPA text/map amendments)
1. CD with digital files of the plans (pdf)
1. Vicinity Map (8.5x11)
1. Detailed project description
1. Local jurisdiction project transmittal
3. Gummmed address labels for applicant/representative/property owner/local jurisdiction planner
3. Gummmed address labels of all surrounding property owners within a 300 foot radius of the project site. **(Only required if the project is scheduled for a public hearing Commission meeting)**

⑈00002112⑈ ⑆3228578⑆ 1601038⑈

THIS CHECK IS VOID WITHOUT A GREEN & BLUE BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

SRG Peris, L.P.

18802 Bardeen Avenue
Irvine CA 92612

Pacific Premier Bank
1045 W. Katella Ave., Ste. 100
Orange CA 92867

00002115

90-8578/3222

NOT VALID AFTER 180 DAYS

Date	5/29/2019
Amount	\$499.00

PAY FOUR HUNDRED NINETY NINE AND 00/100*****

Dollars

Handwritten signature
Peris

TO
THE
COUNTY OF RIVERSIDE
Airport Land Use Commission
4080 Lemon St., 14th Floor
Riverside CA 92501

⑈00002115⑈ ⑆3228578⑆ 1601038⑈

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SRG Peris, L.P.

18802 Bardeen Avenue
Irvine CA 92612

Pacific Premier Bank
1045 W. Katella Ave., Ste. 100
Orange CA 92867

00002112

90-8578/3222

NOT VALID AFTER 180 DAYS

Date	5/17/2019
Amount	\$1,022.00

PAY ONE THOUSAND TWENTY TWO AND 00/100*****

Dollars

Handwritten signature
Peris

TO
THE
COUNTY OF RIVERSIDE
Airport Land Use Commission
4080 Lemon St., 14th Floor
Riverside CA 92501

⑈00002112⑈ ⑆3228578⑆ 1601038⑈



PAYMENT CONTROL FORM

ORIGINATOR: _____
DATE: 6-3-19
FROM: B Santos
TO: 14th Floor Receptionist
 9th Floor Cashier

 Department Name: AUC

Attached is/are a check(s) for receipting purposes, with the appropriate accounting string information noted below. If you have any questions related to this/these check(s), please do not hesitate to contact me at the following number: _____

PHONE: (951) 955-5132

PAYEE: (REQUIRED INFO) _____
 NAME OF PAYEE: SRG Perris, LP PROVIDE CHECK # ONLY IF PAYING BY CHECK
 CHECK NUMBER: 2112, 2115
 PAYMENT TYPE: Check PAYMENT TOTAL: 1521.00

SPEED KEY:
 SPEED KEY #: 313080-R15 PAYMENT TOTAL: _____
 PAYEE: _____
 DESCRIPTION: _____

OASIS/EXPENDITURE:
 FUND: 22650 DEPT ID: 3130800000 ACCT: 771870
 DESCRIPTION: ZAP1371MA19

LMS/IP CASES ONLY:
 LMS PERMIT/CASE # PERMIT/CASE #:
 IP CASE # IP #:
 EXTENSION OF TIME

DESCRIPTION: _____

ACCOUNTS RECEIVABLE # (FOR BILLING UNIT USE ONLY)

AR# _____	CUSTOMER # _____	AMOUNT: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
DESCRIPTION: _____		