



# TOWN OF LOOMIS

6140 Horseshoe Bar Rd, Suite K  
Loomis, CA 95650  
(916) 652-1840 FAX (916) 652-1847

For Town Use

File Number \_\_\_\_\_  
Application Fee(s) \_\_\_\_\_  
Receipt # \_\_\_\_\_ Date \_\_\_\_\_  
Date Received \_\_\_\_\_  
Paid \$ \_\_\_\_\_

## PLANNING DEPARTMENT

## Planning Application

1. **Project Title:** Hidden Grove
2. **Street Address/ Location:** Located south of King Road, east of Horseshoe Bar Road, north of Interstate-80  
044-094-001 044-094-006 043-080-008  
044-094-004 044-094-010 043-080-015  
044-094-005 043-080-007 043-080-044
3. **APN(s):** \_\_\_\_\_ **Acreeage:** 61.7 acres  
**Zoning:** RS-5,CG, CO, and CC **General Plan Designation:** Res. Medium Density, Res. Medium High Density, Res. High Density, PQP, and Town Center Commercial  
**Current Site Use:** Undeveloped pastoral land.  
**Surrounding Land Use(s):** West: Commercial and Public Institutional; South: Interstate-80 and Commercial; North: Single Family Residential; East: Interstate-80.
4. **Property Owner:** Hidden Grove Development Co., LLC a Delaware Limited Liability Company  
**Address:** 3500 American River Drive Sacramento California 95864  
City State Zip  
**Telephone:** 916-484-3011 **email:** rsater@teichert.com
5. **Project Applicant:** StoneBridge Properties, LLC  
**Address:** 3500 American River Drive Sacramento California 95864  
City State Zip  
**Telephone:** 916-484-3011 **email:** misle@teichert.com
6. **Project Engineer/Architect:** Wood Rogers  
**Address:** 3301 C Street Building 100-B Sacramento California 95816  
City State Zip  
**Telephone:** 916-341-7760 **email:** mmotroni@woodrogers.com
7. **What actions, approvals or permits by the Town of Loomis does the proposed project require?**

<input type="checkbox"/> Appeal <input type="checkbox"/> Certificate of Compliance <input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> Design Review <input type="checkbox"/> Development Agreement <input type="checkbox"/> Environmental Review <input type="checkbox"/> General Plan Amendment <input type="checkbox"/> Hardship Mobile Home Permit <input type="checkbox"/> Lot Line Adjustment <input type="checkbox"/> Other _____	<input type="checkbox"/> Miscellaneous Permit <input type="checkbox"/> Planned Development <input type="checkbox"/> Second Unit Permit <input type="checkbox"/> Sign Review <input type="checkbox"/> Tentative Review <input type="checkbox"/> Minor Land Division <input checked="" type="checkbox"/> Subdivision(SB 330 Application) <input type="checkbox"/> Variance <input type="checkbox"/> Zoning Amendment (Rezone)
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8. **Does the proposed project need approval by other governmental agencies?**  
 Yes  no if yes, which agencies? Planning Commission and City Council.
9. **Which agencies/utilities provide the following services to the project? (Please note if not hooked up to sewer or water)**  
Electricity Pacific Gas and Electric Company Natural Gas Pacific Gas and Electric Company  
Fire Protection South Placer Fire Protection District Water/Well Placer County Water Agency  
Sewer/Septic South Placer Municipal Utility District Telephone AT&T

High School Placer Union High School District  
Other \_\_\_\_\_

Elem. School Loomis Union School District

10. **The Town had informed me of my responsibilities pursuant to California Government Code, Section 65962.5(f), regarding notifying the Town of hazardous waste and/or hazardous substance sites on the project site. I have consulted the lists consolidated by the State Environmental Protection Agency dated 12/15/2021 and find: Regulatory identification number \_\_\_\_\_**

Date of list \_\_\_\_\_ No problems identified \_\_\_\_\_ No problems were identified. \_\_\_\_\_

As of 12/15/21 the proposed project site was not identified on the list consolidated by the State Environmental Protection Agency of containing any waste or hazardous substances.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct.

Dated 12/16/21 Applicant M L

11. **Project Description (Describe the project so that a person unfamiliar with the project would understand the purpose, size, phasing, duration, required improvements, duration of construction activities, surrounding land uses, etc. associated with the project. Attach additional pages as necessary.)**

\_\_\_\_\_  
Please see attachment A.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. **Owner Authorization:**

I hereby authorize Steelebridge Property's, the above-listed applicant, to make applications for project approvals by the Town of Loomis, regarding the above-described project and to receive all notices, correspondence, etc., from the Town regarding this project. I also hereby authorize the town staff to place a noticing board (approximately 4' x 3') on my property, visible from the street, at least ten (10) days prior to the first hearing on my project, and for subsequent hearings as determined necessary by the Planning Director.

Signature(s) of Owner(s)

Printed Name(s)

Randall Sater

RANDALL SATER

12-15-21

Date

12-15-21

Date

13. **Applicant and/or Owner Hold Harmless:**

Owner, and Applicant (if different from Owner), agrees to hold Town harmless from all injuries, damages, costs and expenses, including attorney's fees resulting from the negligence of owner, and Applicant (if different from Owner), and their employees, contractors, subcontractors and agents, in connection with any proceeding brought in any State or Federal court with respect to the applicant's project.

Signature(s) of Owner(s)

Printed Name(s)

Randall Sater

RANDALL SATER

12-15-21

Date

M L

Michael Isle

12-15-21

Date

14. **Applicant and/or Owner Acknowledgment:**

Owner/Applicant expressly agree they are solely responsible for assuring compliance with all applicable laws, rules, regulations, and practices required to implement this development, and that Town staff's errors or omissions in explaining what is required, whether on this application form or otherwise, do not establish a basis for Owner/Applicant failing to comply with all such laws, rules, regulations and practices.

Signature(s) of Owner(s) and/or Applicant

Printed Name(s)

Randall Sater

RANDALL SATER

12-15-21

Date

M L

Michael Isle

12-15-21