

SITE PLAN REVIEW AGENDA
Wednesday, January 28, 2026
1:30 PM
City of Tulare

ITEM No. 1 Preliminary Site Plan Review

Site Plan No SP26-05
Project Title Family Healthcare Network
Description new build - dental clinic

Applicant Eric McConnaughey
Property Owner FHCN
APN 170-322-027
Location

ITEM No. 2

Site Plan No
Project Title
Description

Applicant
Property Owner
APN
Location

ITEM No. 3

Site Plan No
Project Title
Description

Applicant
Property Owner
APN
Location

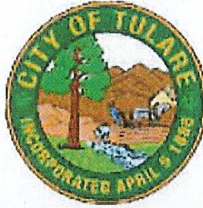
ITEM No. 4

Site Plan No
Project Title
Description

Applicant
Property Owner
APN
Location

Community & Economic Development Department Fee: \$0.00
411 East Kern Avenue
Tulare, CA 93274
(559) 684.4217 Fax (559) 685.2339

Site Plan Review Application No. _____



-- THIS AREA FOR CITY STAFF USE ONLY --

Date Received: _____

SPR Agenda: _____ Item No. _____

Zoning: _____ GP Designation: _____

CITY OF TULARE SITE PLAN REVIEW APPLICATION

*This application MUST be filled out in its entirety and submitted with **ten (10) copies** of an acceptable site plan (see details below). Failure to provide all requested information may result in your application being rejected for additional information and excluded from the Site Plan Review agenda.*

All plans to be considered on the next available agenda must be submitted by 3:00pm on the Thursday prior to the meeting.

SITE PLAN MEETINGS ARE HELD ON WEDNESDAYS AT 1:30 PM AT TULARE CITY HALL-COMMUNITY ROOM – 411 E KERN AVE – APPLICANT OR REPRESENTATIVE MUST BE PRESENT

GENERAL PROJECT INFORMATION

Project/Business Name: Family Healthcare Network Date: 10/30/25

Project Description: A new ±3,400 dental clinic

Site Plan Review Submittal: Yes No If Resubmittal, Previous Site Plan Review No: _____

Property Owner: Family Healthcare Network Applicant(s) Name: Eric McConnaughey

Property Address/Location: _____ Assessor Parcel No. (APN): 170-322-027

Parcel Size (Acreage or Sq Ft.): 11,906 Building Square Footage: 3,400

Describe All Proposed Building Modifications: Build a new building on a vacant parcel

A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS

Industrial & Commercial

Existing/Prior Land or Building Use: Vacant

Proposed Building or Land Use: Dental clinic

Proposed Hours of Operation: 8 AM - 5 PM Days of Week in Operation (Circle): Su (M T W Th F) Sa

Number of Existing Parking Stalls: 0 Number of Proposed New Parking Stalls: 16

Number of Existing or Anticipated New Employees: 7 Anticipated No. of Trucks/day: 0

Brief Operational Statement: Dental Clinic

Page 1 of 2 – Application continues on the back of this page

A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS

Residential

Is the project: New construction Remodel

Single-Family Residential Multi-Family Residential

Number of dwelling units: _____ Total of area (in square feet): _____

Total lot coverage of buildings or structures (in square feet): _____ Percentage of lot coverage _____%

Proposed project phasing: Yes No If yes, proposed number of phases: _____

SITE PLAN MINIMUM REQUIREMENTS

The Applicant shall submit **ten (10) copies** of the proposed site plan along with this completed Application to the Office of Community & Economic Development. Suggested minimum sheet size for site plans is 11"x17" folded to a legal size of 9"x12" with the print on the outside. No rolled plans accepted. (Excludes tentative and parcel maps)

The Site Plan shall be drawn to scale and indicate clearly and with full dimensions the following information: (*Municipal Code Section 10.120.040*)


- | | |
|--|--|
| <ul style="list-style-type: none"> ✓ Address ✓ Assessor's parcel number ✓ Vicinity map on cover sheet ✓ Scale and north arrow ✓ Dimensions of property ✓ Existing and proposed structures showing distances from Property lines ✓ Location and height of proposed fences, walls ✓ Existing and proposed parking stalls (include ADA) | <ul style="list-style-type: none"> ✓ Location and width of drive approaches ✓ Method of on-site drainage ✓ Location of existing and/or proposed public improvements ✓ Method of sanitary disposal ✓ Location and wide of drive approaches to site ✓ Adjacent street names ✓ Existing and proposed landscaping ✓ Location of signs and size ✓ Elevations if required by City Planner |
|--|--|

Failure to provide all requested information my result in your application being rejected and excluded from the Site Plan Review agenda

Applicant Information (Final Comments will be mailed to the name and address provided below.)

***If signed by an authorized agent, an "Agency Authorization" must be completed for this application to be considered complete.**

Name: Eric McConnaughey
 Address: 4412 W. Ferguson Ave.
 City, State, Zip: Visalia, CA 93291
 Phone: 559-732-9236
 E-Mail: eric@ebmdesigngroup.com

Signature of Owner or Authorized Agent*	
 _____ Owner	<u>1/20/20</u> _____ Date
_____ Authorized Agent*	_____ Date

-THIS AREA FOR CITY STAFF USE ONLY-

APPLICATION DEEMED COMPLETE

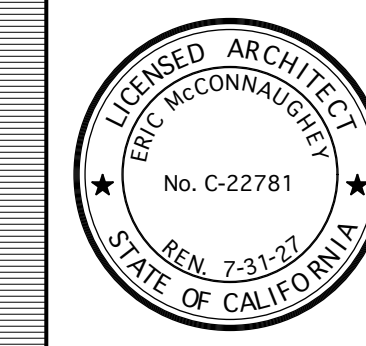
By: _____

Date: _____



DESIGN GROUP
INCORPORATED

ARCHITECTS



4412 W. FERGUSON
VISALIA, CA 93291
(559) 732-9236
FAX: 732-5836

SCALE: AS NOTED

JOB #: 26-001

A NEW DENTAL CLINIC FOR
FAMILY HEALTH CARE NETWORK
TULARE, CA

DATE: 1/13/26

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Sheet:

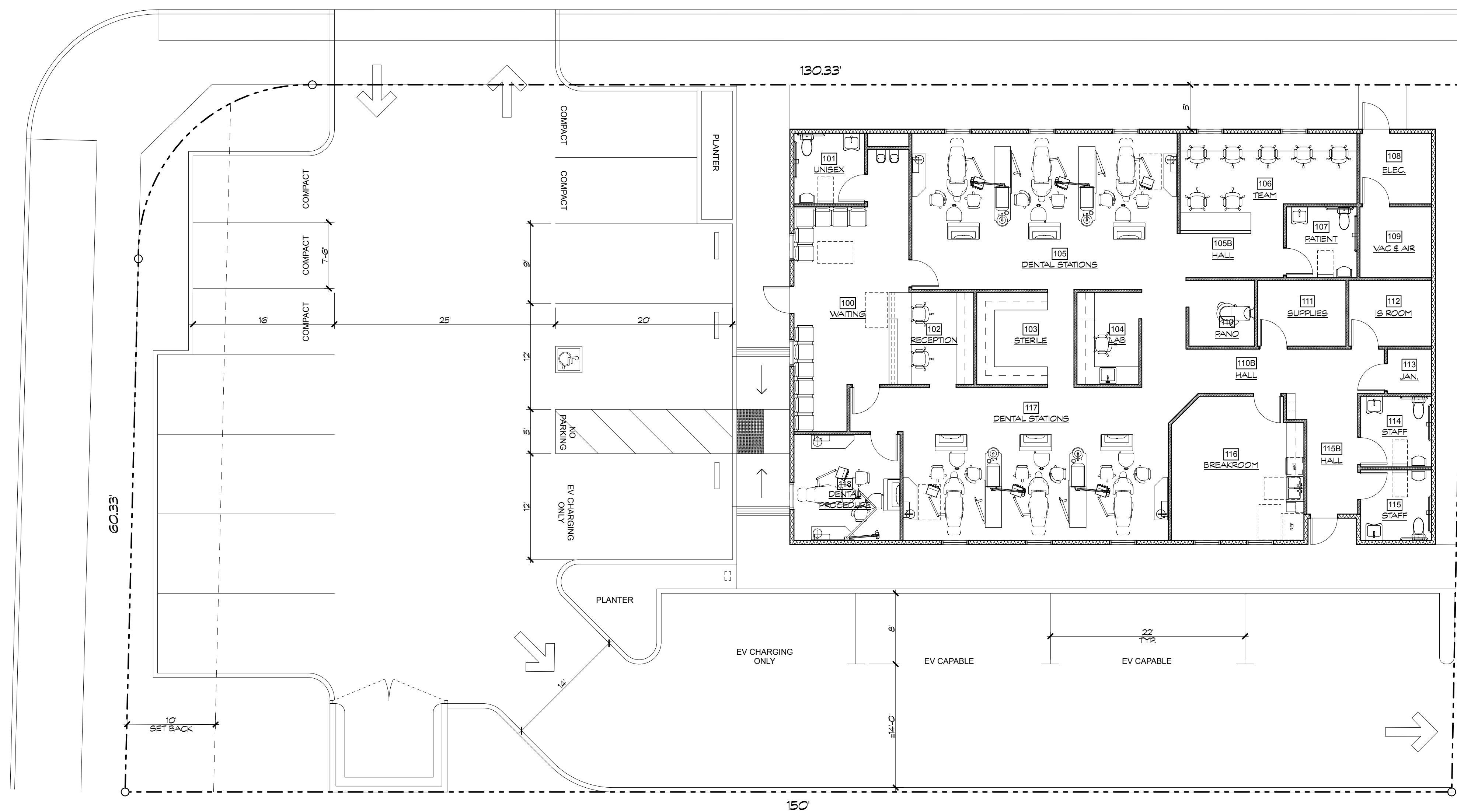
A-1

1/13/26

MERRITT AVENUE

CHERRY ST

ALLEY



SITE INFORMATION

APN: 170-922-027
PROJECT ADDRESS: S.E. CORNER OF CHERRY & MERRITT TULARE, CA
PARCEL: 11,906 SQ. FT.
ZONING: C-3 RETAIL COMMERCIAL

PROJECT NARRATIVE

THIS IS A PROPOSED 3,400 SQUARE FOOT DENTAL CLINIC FOR FAMILY HEALTHCARE NETWORK. IT WILL HAVE 6 DENTAL STATIONS AND ONE PROCEDURE ROOM.

SETBACKS

FRONT: 10'-0"
REAR: 0'-0"
SIDE: 0'-0"

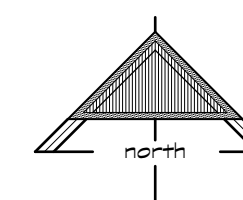
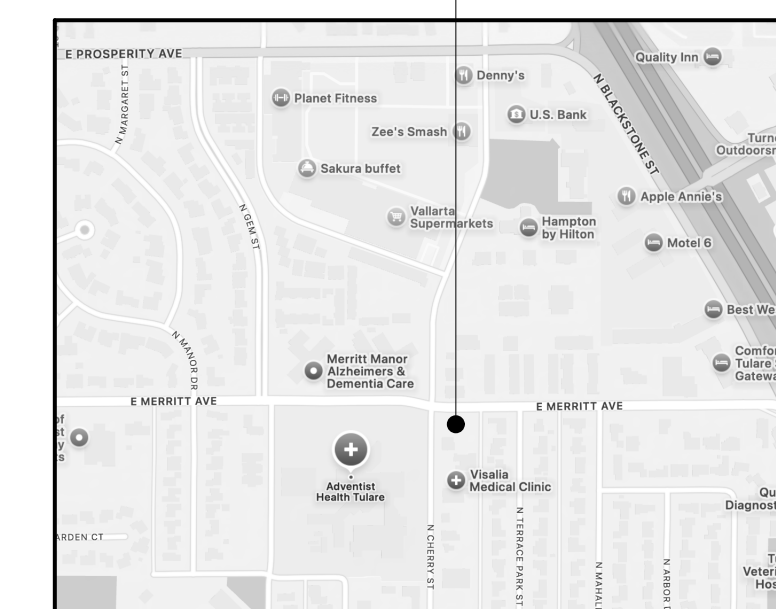
PARKING

REQUIRED PARKING STALLS:
3,414 / 250 SF = 14 STALLS
TOTAL = 14 STALLS

REQUIRED EV CAPABLE STALLS (EVCS):
(CALGREEN TABLE 5.106.5.3.1)
PARKING PROVIDED: 12
REQUIRED EVCS: 4
EVCS W/ EVSE: 2

PROVIDED PARKING STALLS:
STANDARD: 6
COMPACT: 5
VAN ACCESSIBLE: 1
EVCS W/ EVSE: 1
EVCS W/ EVSE VAN: 1
EVCS: 2
TOTAL PROVIDED: 16

PROJECT LOCATION



SITE PLAN

SCALE: 1/8" = 1'-0"