

SITE PLAN REVIEW AGENDA

Wednesday, March 4, 2026

1:30 PM

City of Tulare

ITEM No. 1 Preliminary Site Plan Review

Site Plan No SP26-14
Project Title Rossiter - Personal Storage
Description all steel personal storage (new build)

Applicant Israel Rossiter
Property Owner Israel Rossiter
APN 187-050-019
Location 325 E. Paige Ave

ITEM No. 2 Preliminary Site Plan Review

Site Plan No SP26-15
Project Title Four Paws Pet Boarding
Description proposed kennel/boarding facility

Applicant Michelle Quilin-Reynolds
Property Owner Jeremy Gregory
APN 177-123-009; 015; 016
Location 163 S. Spruce

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



— 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: ROSSITER CONST Date: _____

Project Description: NEW ALL STEEL PERSONAL STORAGE Building

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

Property Owner: ISRAEL ROSSITER Applicant(s) Name: ISRAEL

Property Address/Location: 325 E. PAIGE Assessor Parcel No. (APN): 187-050-019

Parcel Size (Acreage or Sq Ft.): 2.85 ACRES Building Square Footage: 6360 SQ²

Describe All Proposed Building Modifications: NEW ALL STEEL PERSONAL STORAGE

A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS

Industrial & Commercial

Existing/Prior Land or Building Use: Commercial - Personal Storage

Proposed Building or Land Use: _____

Proposed Hours of Operation: N/A Days of Week in Operation (Circle): Su M T W Th F Sa

Number of Existing Parking Stalls: 5 Number of Proposed New Parking Stalls: _____

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

Brief Operational Statement: PERSONAL STORAGE

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): 6360

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: 1

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*)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Address | <input checked="" type="checkbox"/> Location and width of drive approaches |
| <input checked="" type="checkbox"/> Assessor's parcel number | <input checked="" type="checkbox"/> Method of on-site drainage |
| <input checked="" type="checkbox"/> Vicinity map on cover sheet | <input checked="" type="checkbox"/> Location of existing and/or proposed public improvements |
| <input checked="" type="checkbox"/> Scale and north arrow | <input checked="" type="checkbox"/> Method of sanitary disposal |
| <input checked="" type="checkbox"/> Dimensions of property | <input checked="" type="checkbox"/> Location and wide of drive approaches to site |
| <input checked="" type="checkbox"/> Existing and proposed structures showing distances from Property lines | <input checked="" type="checkbox"/> Adjacent street names |
| <input checked="" type="checkbox"/> Location and height of proposed fences, walls | <input checked="" type="checkbox"/> Existing and proposed landscaping |
| <input checked="" type="checkbox"/> Existing and proposed parking stalls (include ADA) | <input checked="" type="checkbox"/> Location of signs and size |
| | <input checked="" type="checkbox"/> 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: ISRAEL POSSITIC

Address: 325 E. PAGE AVE

City, State, Zip: TULARE, CA 93274

Phone: 559 358 0131

E-Mail: ISRAEL.POSSITIC@YAHOO.COM

Signature of Owner or Authorized Agent*

[Signature] 2.23.26

Owner

Date

Authorized Agent*

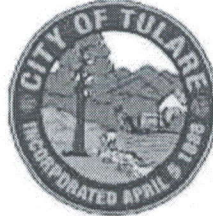
Date

-THIS AREA FOR CITY STAFF USE ONLY-

APPLICATION DEEMED COMPLETE

By: _____

Date: _____



— 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: Four Paws Pet Boarding Date: 1-27-2020
Project Description: See Attached

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

Property Owner: Jeremy Gregory Applicant(s) Name: Michelle Quillin-Reynolds
Property Address/Location: 163 S. Spruce Assessor Parcel No. (APN): 177-123-009,015,016
Parcel Size (Acreage or Sq Ft.): ≈ 35,800 Building Square Footage: 5,600
Describe All Proposed Building Modifications: See Attached

A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS

Industrial & Commercial

Existing/Prior Land or Building Use: Towing Company and Mobile mechanic
Proposed Building or Land Use: Commercial Pet Boarding Kennel
Proposed Hours of Operation: 7:30am-5:30pm Days of Week in Operation (Circle): (Su) (M) (T) (W) (Th) (F) (Sa)

Number of Existing Parking Stalls: 5 Number of Proposed New Parking Stalls: TBD
Number of Existing or Anticipated New Employees: 4 Anticipated No. of Trucks/day: ≈ 0-8
Brief Operational Statement: See Attached

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: Michelle Quillin-Reynolds
 Address: 1751 Softwind Dr
 City, State, Zip: Tulare CA 93274
 Phone: 559-329-2171
 E-Mail: mreynoldssteel@yahoo.com

Signature of Owner or Authorized Agent*	
_____	_____
Owner	Date
_____	_____
Authorized Agent*	Date

-THIS AREA FOR CITY STAFF USE ONLY-

APPLICATION DEEMED COMPLETE

By: _____

Date: _____



— THIS AREA FOR CITY STAFF USE ONLY —

Date Received: _____

SPR No. _____

APPROVED:
By: _____ Date: _____
(Signature)

AGENCY AUTHORIZATION – Site Plan Review

OWNER:

I, _____, declare as follows:
(Owners Name)

I am the owner of certain real property bearing Assessor's Parcel Number (APN):

_____	_____
_____	_____
_____	_____

AGENT:

I designate _____, to act as my duly authorized agent for all purposes
(Agent's Name)

necessary to file an application for, and obtain a permit to:

(Action Sought)

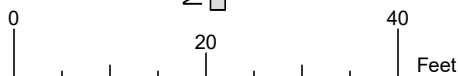
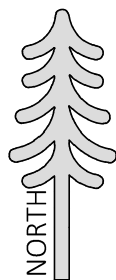
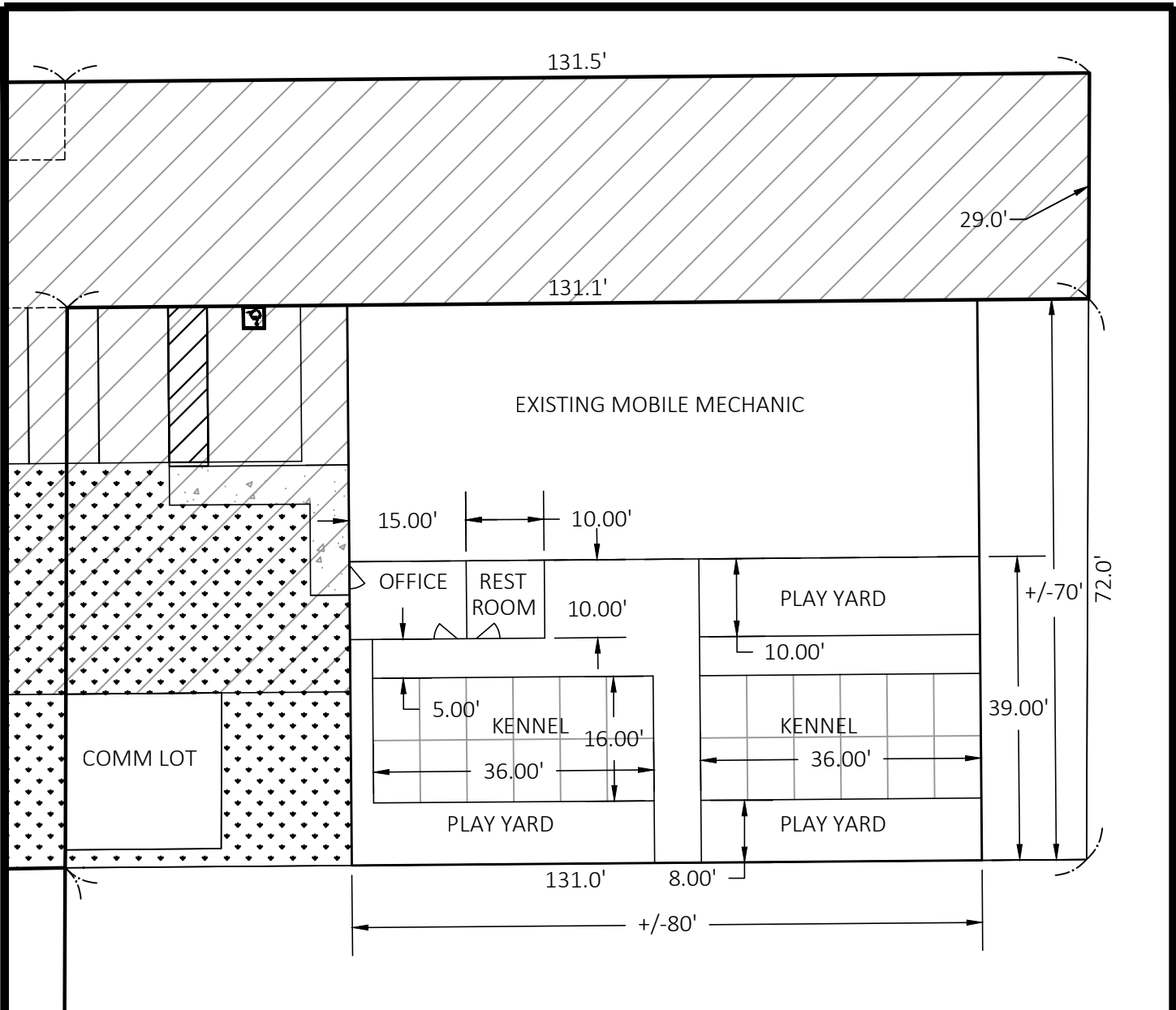
relative to the property mentioned herein.

I declare under penalty of perjury the foregoing is true and correct.

Executed this _____ day of _____, 20 _____.

<u>OWNER</u>	<u>AGENT</u>
_____ (*Signature of Owner)	_____ (Signature of Agent)
_____ (Owner Mailing Address)	_____ (Agent Mailing Address)
_____	_____
_____ (Owner Telephone)	_____ (Agent Telephone)

***NOTE: OWNER'S SIGNATURE MUST BE NOTARIZED. Attach Acknowledgment of signature(s) by Notary Public.**



SEQUOIA CONSULTING INC.
 131 E. KERN AVENUE
 TULARE, CA 93274
 (559)786-0936

PROJECT TITLE: 163 SPRUCE ST. - FLOOR PLAN

PLOT DATE: 1.24.2026

JOB NO.: 26-002

PREPARED FOR: MR. & MRS. REYNOLDS

PAGE NO. 3 OF 3