

(925)372-3515 | Fax (925)372-0257

2021-00400

FILED

October 20, 2021 DEBORAH COOPER CLERK-RECORDER

By Deputy clerk

TO ADOPT A MITIGATED NEGATIVE DECLARATION

Date: October 20, 2021

Pursuant to the State of California Public Resources Code and Guidelines for Implementation of the California Environmental Quality Act, this notice is to advise you that the City of Martinez (the City) intends to adopt a Mitigated Negative Declaration for the proposed project described below.

Project Title:

Brookside Assisted Living Project (20PLN-0014)

Project Location:

4110 Alhambra Way

Assessor's Parcel Number: 370-291-013

Project Applicant:

Dinesh Sawhney – American Housing, Inc.

156 Las Quebradas Alamo, California 94507 Tel: (510) 593-9111

Lead Agency:

City of Martinez

Lead Agency Contact:

Hector J. Rojas, AICP Planning Manager

Tel: (925) 372-3524

Email: hrojas@cityofmartinez.org

Project Description: Dinesh Sawhney (applicant) is requesting approval of Parcel Map, Design Review, and Conditional Use Permit applications to develop the parcel located at 4110 Alhambra Way, totaling approximately 1.2 acres, collectively called the Brookside Assisted Living Project (project). The project includes subdividing the project site into two parcels. Parcel 1 would be approximately 47,967-square-feet (1.1 acres), and Parcel 2 would be approximately 6,030 square feet (0.1 acres). On Parcel 1, the existing convalescent facility would be renovated, the building footprint expanded, and have a second story added to increase capacity. On Parcel 2, the existing, 2,349-

square-foot vacant single-family would be renovated and moved approximately 65 feet towards the eastern frontage of the site.

The assisted living facility development would occur in two phases. Phase 1 includes renovating the first floor, adding shared bathrooms, and remodeling common areas and adding new dining spaces. Phase 2 includes construction of the second story of the main building to add approximately 24 bedrooms. The proposed facility would have a total of approximately 82 beds.

The existing vacant residence is proposed to be moved approximately 65 feet east, to a position where it would be set back approximately 20 feet from Alhambra Way. The relocation would provide space for the assisted living facility to be expanded. Because the residence is considered a historic resource under CEQA and eligible for listing on the California Register of Historical Resources (CRHR), it would be relocated and rehabilitated according to the Secretary of the Interior's Standards.

Environmental Determination: The City has prepared an Initial Study to determine the proposed project's potential impact on the environment. The City has determined that the project may have a significant effect on the environment, but by implementing the identified mitigation measures, the project's impacts could be reduced to less than significant levels. Accordingly, the City intends to adopt a Mitigated Negative Declaration. The City of Martinez Planning Commission shall consider adopting the proposed Mitigated Negative Declaration as part of their consideration of the project at a future public hearing.

Hazardous Waste Sites: The Cortese List, consisting of databases identified in California Government Code Section 65962.5, was consulted to identify sites with known hazardous materials or waste contamination within or adjacent to the project site. The project site is not identified on any of the lists enumerated under Government Code Section 65962.5.

Public Review and Comment Period: The Initial Study and proposed Mitigated Negative Declaration are available for a 30-day public review and comment period beginning Wednesday, October 20, 2021 and ending Friday, November 19, 2021 at 5:00 PM. Comments on the Mitigated Negative Declaration must be submitted in writing within the 30-day review period and sent by mail, fax or email to:

City of Martinez, Community Development Department

Attn: Hector J. Rojas, AICP, Planning Manager

525 Henrietta St, Martinez, CA 94553

Fax: (925) 372-0257 | E-mail: hrojas@cityofmartinez.org

The Initial Study and Proposed Mitigated Negative Declaration are available for public review at the following locations:

- City of Martinez City Hall, Community Development Department
 525 Henrietta St, Martinez, CA 94553
 Monday through Friday, 10 AM to 2 PM
- Online: www.cityofmartinez.org
 Instructions: On the top menu, hover over "Departments" and then select "Planning".
 On the next page, scroll down to "Environmental Reviews"



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		STATE CLEAR	RINGHOUSE NUM	BER (If applicable)
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.				
LEAD AGENCY	LEADAGENCY EMAIL		DATE	
CITY OF MARTINEZ			10/20/2021	
COUNTY/STATE AGENCY OF FILING			DOCUMENT NUMBER	
CONTRA COSTA COUNTY			2021-00400	
PROJECT TITLE				
BROOKSIDE ASSISTED LIVING PROJECT (20PLN-0014)				
PROJECT APPLICANT NAME PROJECT APPLIC		EMAIL PHONE NUMBER		
DINESH SAWHNEY - AMERICAN HOUSING, INC.			(510) 593-911	1
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE	
156 LAS QUEBRADAS	ALAMO	CA	94507	
PROJECT APPLICANT (Check appropriate box)			***************************************	
☐ Local Public Agency ☐ School District	Other Special District	State /	Agency	⋉ Private Entity
CHECK APPLICABLE FEES:				
☐ Environmental Impact Report (EIR)				
☐ Mitigated/Negative Declaration (MND)(ND)				
☐ Certified Regulatory Program (CRP) document - payment due	directly to CDFW	\$ 1,171.25 \$		
Exempt from fee				
Notice of Exemption (attach)				
CDFW No Effect Determination (attach))			
Fee previously paid (attach previously issued cash receipt cop				
☐ Water Right Application or Petition Fee (State Water Resource	es Control Board only)	s 850.00 ^{\$}	S	
☐ County documentary handling fee	,	A 200 000 000 000		
☑ Other NOTICE OF INTENT		\$ 50.00		_
PAYMENT METHOD:				
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Deborah Cooper Contra Costa County Clerk-Recorder 555 Escobar Street Martinez, CA 94553 (925) 335-7900

Public

Receipt No.: 202100219219

Cashier:

230

Register: WINDOW3

Date/Time: 10/20/2021 10:59 AM

Description	Fee		
NOTICE OF INTENT			
Filing Time:	10:59 AM		
Filing Total:	\$0.00		
Filing Fee:	\$0.00		

Total Amount Due:

Total Paid

Amount Due:

\$0.00

THANK YOU PLEASE KEEP FOR REFERENCE

