INITIAL STUDY QUESTIONNAIRE (Staff Use)
CITY OF MISSION VIEJO Project Number(s):
COMMUNITY DEVELOPMENT DEPARTMENT
(To be completed by applicant)

This form will not be processed until it is completely filled out. If you have questions, call 949/470-3053.

A. GENERAL INFORMATION

Project Applicant (Owner):

_____
Name

_____
Address

_____

_____
Phone Number

Project Representative (Agent):

_____
Name

_____
Address

_____

_____
Phone Number

1. Action requested and project name with brief description: _____

2a. Street location of project: _____

2b. Assessor Parcel number(s): _____ Tract/Lot number: _____

3a. Present use of site: _____

3b. Previous use of site or structure: _____

3c. Proposed use of site (project for which this form is filed): _____

4. Please list all previous cases (if any) related to this project: _____

5. Other related permit/approvals required for this project, including those required by other city, regional, state and federal agencies. Specify type and granting agency: _____

6. Are you planning future phases of this project? Y N (circle) If yes, explain: _____

7. Gross square footage of floor area, by type of use proposed (if more than one building, give square footage of each): _____

8. Square feet of ground coverage: _____

9. Number of floors, including basement if any: _____

10. Number of off-street parking spaces provided: _____

11. Water and sewer services:

	Domestic Water	Public Sewers
Does service exist at site?	Y N (circle)	Y N (circle)

Residential Projects:

12. Number, type, and size of units: _____

13. Schools:
What school district(s) serves the property? _____

Are existing school facilities adequate to meet project needs? Y N (circle)

If not, what provisions will be made for additional classrooms? _____

_____

Non-Residential Projects:

14. Distance to nearest residential use or sensitive use (school, hospital, etc.): _____

15. Number and floor area of building: _____

16. Number of employees and shifts: _____

17. Maximum employees per shift: _____ Operating hours: _____

18. Timing, type and number of deliveries: _____

Identify any: End products: _____
Waste products: _____
Means of disposal: _____

19. Do project operations use, store, or produce hazardous substances such as oil, pesticides, chemicals, paints, or radioactive materials? Y N (circle)
If yes, explain: _____

20. Identify any flammable, reactive, or explosive materials to be located on-site: _____

_____

21. Will delivery or shipment trucks travel through residential areas to reach the nearest highway? Y N
If yes, explain: _____

B. ENVIRONMENTAL INFORMATION

1. Environmental Setting - Project Site
Describe:

a. Existing use/structures _____

b. Topography/slopes _____

c.* Vegetation _____

d.* Animals _____

e.* Watercourses _____

f. Cultural/historical resources _____

g. Other _____

2. Environmental Setting - Surrounding Area

a. existing uses/structures (types, densities) _____

b. Topography/slopes _____

c.* Vegetation _____

d.* Animals _____

e.* Watercourses _____

f. Cultural/historical resources _____

g. Other _____

*Answers are not required if the area does not contain natural, undeveloped land.

3. Are there any major trees on the site, including oak trees? Y N (circle)
If yes, type and number: _____

4. Will any natural watercourses, surface flow pattern, etc., be changed through project development?
Y N (circle) If yes, explain: _____

5. Will the project result in any changes in scenic views or vistas from existing residential areas or public lands or roads? Y N (circle) If yes, explain: _____

6. Grading:
Will the project require grading? Y N (circle)

If yes, how many cubic yards? _____
Will it be balanced on site? Y N (circle)

If not balanced, where will dirt be obtained or deposited? _____

7. Are there any identifiable landslides or other major geologic hazards on the property (including uncompacted fill)? Y N (circle) If yes, explain: _____
_____

8. Is the property located within a high fire hazard area (hillsides with moderately dense vegetation)?
Y N (circle) Distance to the nearest fire station: _____

9. Noise:
Existing noise sources at site: _____
Noise to be generated by project: _____

10. Fumes:
Odors generated by project: _____

Could toxic fumes be generated? _____

11. What energy-conserving designs or material will be used? _____

12. Water quality:

Could the proposed project result in an increase in pollutant discharges to receiving waters? Consider water quality parameters such as temperature, dissolved oxygen, turbidity and other typical storm water pollutants (e.g., heavy metals, pathogens, petroleum derivatives, synthetic organics, sediment, nutrients, oxygen-demanding substances, and trash). _____

Could the proposed project result in significant alteration of receiving water quality during or following construction? _____

Could the proposed project result in increased impervious surfaces and associated increased runoff? _____

Could the proposed project create a significant adverse environmental impact to drainage patterns due to changes in runoff flow rates or volumes? _____

Could the proposed project result in increased erosion downstream? _____

Is the project tributary to an already impaired water body, as listed on the Clean Water Act Section 303(d) list? If so, can it result in an increase in any pollutant for which the water body is already impaired? _____

Is project tributary to other environmentally sensitive areas? If so, can it exacerbate already existing sensitive conditions? _____

Could the proposed project have a potentially significant environmental impact on surface water quality to either marine, fresh, or wetland waters? _____

Could the proposed project have a potentially significant adverse impact on ground water quality? _____

Could the proposed project cause or contribute or exceed applicable surface or groundwater receiving water quality objectives or degradation of beneficial uses? _____

Can the project impact aquatic, wetland, or riparian habitat? _____

CERTIFICATION:
I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

_____ _____

Date Signature

For: _____

Revised 4/1/ 02