



# ENVIRONMENTAL DESCRIPTION

**City of La Habra Planning Division**  
 110 East La Habra Blvd., La Habra CA 90631  
 Phone: (562) 383-4100 Fax: (562) 383-4476

|          |
|----------|
| ACTION # |
| _____    |

|  |   |
|--|---|
| <p><b>Property Owner</b></p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone: Home ( ) _____</p> <p>Work ( ) _____</p> <p>Fax ( ) _____</p> <p>E-mail _____</p> | <p><b>Name of Representative</b></p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone ( ) _____</p> <p>Fax: ( ) _____</p> <p>E-mail _____</p> |
|--|---|

**A. Project Location**

1. Please attach: a) Plot Plan, b) Map showing location, c) [optional] any Photographs which will assist in determining the significance of any impact.
2. Address \_\_\_\_\_
3. Nearest street intersections \_\_\_\_\_

**B. Project Description**

1. Projected land area (square feet or acres) \_\_\_\_\_
2. Proposed Use \_\_\_\_\_
3. Relationship to surrounding area: \_\_\_\_\_

|                   | Existing Area | Existing Zoning |
|-------------------|---------------|-----------------|
| Area to the north |               |                 |
| Area to the south |               |                 |
| Area to the east  |               |                 |
| Area to the west  |               |                 |

4. Is the subject site located within 1,000 feet of any School, Hospital or Extended Care Facility?  
 Yes  No  Name of Facility \_\_\_\_\_
5. What is the trip generation of the project? \_\_\_\_\_
6. Is the Project located within 1,000 feet of an adjacent City? \_\_\_\_\_ What City? \_\_\_\_\_
7. Will the project be developed in phases? Yes  No 
  - a) Explain timing: \_\_\_\_\_
  - b) Timing for public improvements: \_\_\_\_\_
8. For Residential developments:
  - a. Type of unit: \_\_\_\_\_
  - b. Number of units \_\_\_\_\_
  - c. Size of units \_\_\_\_\_
  - d. Anticipated selling price or rental rate \_\_\_\_\_

9. For new commercial or industrial developments:
- a. Describe type or types of commercial or industrial activities proposed : \_\_\_\_\_  
\_\_\_\_\_
  - b. Size of building(s) \_\_\_\_\_
  - c. What is the anticipated number of jobs to be generated by the project after completion? \_\_\_\_\_
  - d. Number of off-street parking spaces \_\_\_\_\_
  - e. Where is the closest comparable project in terms of size or type of activity? \_\_\_\_\_
  - f. What type of equipment will be utilized for the business? \_\_\_\_\_
  - g. Describe truck traffic as a result of the proposal:
    - a. During construction? \_\_\_\_\_
    - b. After occupancy? \_\_\_\_\_

- | 10. During construction or operation will the project:  | YES                      | NO                       |
|---|--------------------------|--------------------------|
| a. Emit dust, ash, smoke, fumes or odors?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Alter any existing drainage patterns?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Create substantial demand for energy or water?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Discharge water of poor quality?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Increase noise levels on site or adjoining areas?  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Generate abnormally large amounts of solid waste or litter?  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Store, use or dispose of potentially hazardous materials such as toxic substances, flammables or explosives? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Require abnormally high demands of such services as police, fire, sewer, schools, water, etc.                | <input type="checkbox"/> | <input type="checkbox"/> |

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 11. After construction will you or any future occupant of this facility:   |                          |                          |
| a. Use any internal combustion engines greater than 50 horsepower?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mix, blend, or process any solvents, adhesives, or coatings?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Create any dust or smoke?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Refine any liquids or solids, or reclaim any metals?  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Plate or coat anything?   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Handle or store solvents or motor fuels?  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Use any combustion equipment (i.e. furnaces, broilers, baking ovens, etc.) rated greater than 2,000,000 BTU/HR? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Store any acids, use any chemical processes, or use solvents for clean up?                                      | <input type="checkbox"/> | <input type="checkbox"/> |

12. All Development (New Construction/No construction)
- a. Amount of solid waste to be produced during construction? \_\_\_\_\_
  - b. Type of solid waste to be produced during construction? \_\_\_\_\_
  - c. Total amount of solid waste to be recycled during the construction stage? \_\_\_\_\_
  - d. Amount of solid waste to be produced during normal business operation? \_\_\_\_\_
  - e. Type of solid waste to be produced during normal business operation? \_\_\_\_\_
  - f. Total amount of solid waste to be recycled as part of the normal business operation? \_\_\_\_\_

### CERTIFICATION

I certify that the information provided herein is true and correct to the best of my knowledge.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Representing \_\_\_\_\_