



Application for Discretionary Permit
Development Services Department / Planning Division

STAFF USE ONLY	
ACCEPTED 02/10/2021	BY

Please Print or Type All Information HEARING

PART I – APPLICANT INFORMATION				GENERAL PLAN AMENDMENT	
1. APPLICANT David L. Dobson		2. STATUS Owner		MASTER/SPECIFIC PLAN	
3. ADDRESS 5560 Overland Ave, Ste 410, 92123		4. PHONE & E-MAIL David.Dobson@sdcountry.ca.gov, (858) 694-		ZONE AMENDMENT	
5. APPLICANT'S REPRESENTATIVE (or person to be contacted for information during processing) Matthew Greiner, Cannon Design				TENTATIVE MAP	
6. ADDRESS 656 Fifth Ave., Suite A, San Diego, CA 92101		7. PHONE & E-MAIL (619)592-0856		TENT. PARCEL MAP	
PART II – PROPERTY DESCRIPTION				DEVELOPMENT PLAN	
				CONDITIONAL USE PERMIT D21-00004	
				VARIANCE CUP21-00002	
8. LOCATION 4002 Vista Way, Oceanside, CA 92056				9. SIZE 3.77 Acres	
10. GENERAL PLAN PC	11. ZONING CP	12. LAND USE Medical Center		13. ASSESSOR'S PARCEL NUMBER 166-010-43-00 ; 166-010-31-00	
14. LATITUDE 33°11'11.17" N			15. LONGITUDE 117°17'37.65" W		

PART III – PROJECT DESCRIPTION				
16. GENERAL PROJECT DESCRIPTION Conditional Use Permit to construct 1-story 16-Bed Psychiatric Hospital Facility				
17. PROPOSED GENERAL PLAN PC	18. PROPOSED ZONING CP	19. PROPOSED LAND USE Medical Center	20. NO. UNITS	21. DENSITY
22. BUILDING SIZE 13,560 SF	23. PARKING SPACES 267 total	24. % LANDSCAPE 40	25. % LOT COVERAGE or FAR 55	

PART IV – THE FOLLOWING ATTACHMENTS WILL BE REQUESTED AFTER REVIEW OF APPLICATION. PLEASE PROVIDE BOX EMAIL ACCOUNT: mgreiner@cannondesign.com

26. DESCRIPTION/JUSTIFICATION	27. TITLE REPORT WITH LEGAL DESCRIPTION	28. NOTIFICATION MAP & LABELS
29. ENVIRONMENTAL INFO FORM	30. STORM WATER QUALITY ASSESSMENT FORM	31. PLOT PLANS
32. FLOOR PLANS AND ELEVATIONS	33. CERTIFICATION OF POSTING	34. OTHER (See attachment for required reports)

PART V – SIGNATURES			
SIGNATURES FROM ALL OWNERS OF THE SUBJECT PROPERTY ARE NECESSARY BEFORE THE APPLICATION CAN BE ACCEPTED. IN THE CASE OF PARTNERSHIPS OR CORPORATIONS, THE GENERAL PARTNER OR CORPORATION OFFICER SO AUTHORIZED MAY SIGN. ATTACH ADDITIONAL PAGES AS NECESSARY.			
35. APPLICANT OR REPRESENTATIVE Matthew Greiner	36. DATE 02/04/2021	37. OWNER David L. Dobson	38. DATE 02/05/2021

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. FURTHER, I UNDERSTAND THAT SUBMITTING FALSE STATEMENTS OR INFORMATION IN THIS APPLICATION MAY CONSTITUTE FRAUD, PUNISHABLE IN CIVIL AND CRIMINAL PROCEEDINGS.

I HAVE READ AND AGREE TO ABIDE BY THE CITY OF OCEANSIDE DEVELOPMENT SERVICES DEPARTMENT AND ECONOMIC AND COMMUNITY DEVELOPMENT DEPARTMENT POLICY NO. 2011-01/ POLICY AND PROCEDURE FOR DEVELOPMENT DEPOSIT ACCOUNT ADMINISTRATION.