

ON-SITE SIGNAGE
"NOTICE OF PROJECT APPLICATION"

CERTIFICATION OF POSTING

I certify that the "Notice of Project Application" has been posted at a conspicuous location on the site on 2/23/2021

(date)

SIGNATURE:

PhuS

PRINT NAME:

Phummarin Sritongsook

PROJECT NAME:

Tri-City Medical Center
Psychiatric Health Facility

PROJECT NUMBER:

D21-00004, CUP21-00002

LOCATION:

4002 Vista Way, Oceanside CA 92056

& Waring Road fenceline

RETURN TO:

Scott Nightingale
(project planner)

**CITY OF OCEANSIDE
DEVELOPMENT SERVICES DEPARTMENT
PLANNING DIVISION
300 N. Coast Hwy.
Oceanside, CA 92054**



NOTICE
BY PROJECT APPLICATOR

PROJECT NAME: [Illegible]
PROJECT NUMBER: [Illegible]
PROJECT LOCATION: [Illegible]

DATE: [Illegible]



NOTICE

OF PROJECT APPLICATION

PROJECT NAME: Tri-City Medical Center Psychiatric Health Facility

PROJECT NUMBER(S): D21-00004, CUP21-00002

PROJECT DESCRIPTION: One story, 16-bed Hospital Facility to provide adult inpatient and outpatient psychiatric services

CITY OF OCEANSIDE

PLANNING DIVISION

Scott Nightingale, Senior Planner
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PROJECT APPLICANT/REPRESENTATIVE

San Diego County
Department of General Services
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