



PROJECT APPLICATION

GENERAL INFORMATION REQUIRED: (Print or Type)

Name of Proposed Project: Greenbriar Residential Development

Location of Project (Address Required): 1698 - 1700 Greenbriar Lane

Legal Description of Project Location (Assessor's Parcel No.): 319-102-34

APPLICANT INFORMATION:

Applicant's Name: Lennar Homes of California, Inc. Phone: 949-433-9815

Email: gary.jones@lennar.com

Address: 2000 Fivepoint, Suite 365

City: Irvine State: CA Zip Code: 92618

PROJECT CONTACT PERSON: (If Different)

Contact Person: Peter Carlson Phone: 949-289-3625

Email: pcarlson@carlsonsls.com

PROJECT INFORMATION: (Print or Type)

Zoning Designation: GC-General Commercial General Plan Designation: General Commercial

Existing Use: Office Proposed Use: Residential

Type of Development:

☐ Residential ☐ Commercial ☐ Industrial ☐ Mixed-Use

Lot Size (square feet): 9.699 ac 422,478 sf Lot Width: Lot Depth:

Existing Floor Area (square feet): 164,908 sf office building Existing FAR: Existing Lot Coverage:

STAFF USE ONLY

Accela Record Number:

Project Manager:

Entitlement File Number(s):

Related Files:

SUBMITTAL INFO:

Date Time Received: Received by: Deposit Received:

PROJECT INFORMATION: *(Continued)*

Proposed Floor Area (square feet):

180 residential units

Proposed FAR:

Proposed Lot Coverage:

Proposed No. of Stories:

Proposed Building Height:

Existing Parking Stalls:

Proposed Parking Stalls:

Project Description: The project description should include a detailed description of demolition, on-site improvements, proposed use & operations, ect. In addition, please describe all building material and color as well as description of signage and their location. Please provide a separate PDF attachment labeled "Project Description" if more space is needed.

☒ **Check if project description is attached.**

TYPE OF REVIEW REQUESTED: *(Select all that apply)*Planning Commission/City Council

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Planned Community | <input type="checkbox"/> Historic Designation |
| <input checked="" type="checkbox"/> Development Agreement | <input checked="" type="checkbox"/> Precise Development Plan | <input checked="" type="checkbox"/> Zone Change |
| <input checked="" type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Temporary Trailer | <input type="checkbox"/> Zone Variance |
| <input type="checkbox"/> Certificate of Compatibility | <input checked="" type="checkbox"/> Other <u>TTM</u> | |

Administrative/Community Development Director

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Administrative Remedy | <input type="checkbox"/> Plan Review | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tree Removal (see pg. 9) | | |

PROPERTY OWNER INFORMATION & AUTHORIZATION

(as listed in the Orange County Assessor's records)

Legal Owner's Name:

Company Name:

Email:

Phone:

Address:

City:

State:

Zip Code:

I hereby certify under penalty of perjury under the laws of the State of California that I am the owner(s) of the subject property, or have been authorized to sign on behalf of the property owner, and consent to the filing of this application on the above referenced property. **If the owner did not sign below, a letter of authorization is required.**

By: Gary Jones Date: 3-25-24
(Signature)

By: GARY JONES
(Printed Name)

DESIGN PROFESSIONAL OR OWNER OF THE COPYRIGHT IF DIFFERENT (OPTIONAL)

Name(s):

Email:

Phone:

Address:

City:

State:

Zip Code:

AUTHORIZATION TO REPRODUCE PROJECT PLANS- Gov. Code § 65103.5(f)(2)

I hereby grant permission for the City of Brea to provide the project plans for inspection as a part of the public record, to copy for members of the public, and post the plans online. This permission shall be constituted as the permission for architectural drawings that contain a copyright annotation and are protected by the federal Copyright Act of 1976 (Government Code Section 65103.5(f)(2)).

By: Gary Jones Date: 3-25-24
(Signature)

By: GARY JONES
(Printed Name)

TRUST ACCOUNT OWNER INFORMATION

All project applications require the specified minimum deposit to a Trust Account. Additional funds and/or subsequent deposits may be required depending on the specified project and level of staff time necessary. All unused funds will be reimbursed following the completion of project and/or review. Staff time devoted to your project will be billed according to our **Development Processing Fees**. The necessary staff time will vary according to the complexity of the project and may include, initial review and ongoing project processing by City staff including, but not limited to:

- Reviewing plans/submittal packages.
- Routing plans to, and communicating with other city staff and outside agencies.
- Researching documents relative to site history and site visits/inspections.
- Consulting with applicant and other interested parties (e.g. neighbors, adjacent property or business owners) in person or by phone.
- Preparing environmental documents, staff reports, presentations, and resolutions.
- Preparing pertinent maps, graphs and exhibits.
- Attending meetings / public hearings before the Planning Commission / City Council.
- Review of tentative maps and improvement plans by City staff.
- On-site inspections of the project by City staff.
- Consultant services

TRUST ACCOUNT OWNER:

Name of Individual or Corporation Financially Responsible for the Project: Lennar Homes of California, Inc.

Address: 2000 Fivepoint, Suite 365

City: Irvine, CA Zip Code: 92618

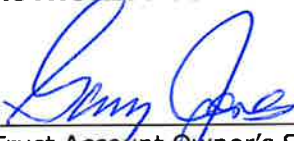
Email: gary.jones@lennar.com Phone: 949-433-9815

STATEMENT OF UNDERSTANDING AND AGREEMENT

I understand that my initial deposit is a retainer and not a fee. This deposit will be used to set up an account, against which fees shall be charged based on the hourly rate listed in the City fee schedule in effect at the time the work is performed. I understand that should the costs exceed the deposit, I will be billed monthly for any additional deposit amount intended to cover future charges. If I fail to pay the fees when due, I understand approximately that the City will stop working on the application. If the final costs are less, the unused portion of the deposit will be returned to me after the conclusion of the process or final inspection of the completed project, whichever occurs later.

As the trust account owner, I assume full financial responsibility for all costs incurred by the City in processing this application(s).

BY SIGNING BELOW, I HEREBY CONSENT THAT I UNDERSTAND THE MATTERS AS DESCRIBED ABOVE AND AGREE TO THE TERMS. I HEREBY FURTHER REPRESENT THAT I HAVE THE AUTHORITY TO BIND MY BUSINESS BY SIGNING ON ITS BEHALF.


Trust Account Owner's Signature

3-25-24
Date

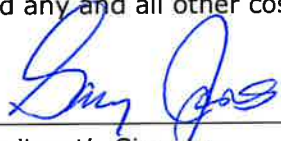
GARY JONES
Trust Account Owner Printed Name

INDEMNIFICATION AGREEMENT

PLEASE READ, FILL IN, AND SIGN AT THE BOTTOM

I, the undersigned, certify that I am the applicant in the foregoing application, that I have read the foregoing application and know the content thereof, and state that the same is true and correct to the best of my knowledge and belief, and further certify that I shall comply with each and every condition of approval as stated herein.

Furthermore, Lennar Homes of California, Inc., ~~on behalf of~~ _____ hereby agrees to defend, indemnify, and hold free and harmless the City of Brea, its elected officials, officers, employees, and agents, with respect to any and all liabilities, claims, suits, actions, losses, expenses or costs of any kind, whether actual, alleged or threatened, including the payment of actual attorney's fees, court costs, and any and all other costs of defense.



Applicant's Signature



Date

Staff Use Only

ACCELA RECORD NUMBER:

TRUST ACCOUNT NUMBER: