

CITY OF DANA POINT
PLANNING COMMISSION
SUPPLEMENTAL STAFF REPORT

DATE: MARCH 9, 2015

TO: DANA POINT PLANNING COMMISSION

FROM: COMMUNITY DEVELOPMENT DEPARTMENT
URSULA LUNA-REYNOSA, DIRECTOR
ERICA H. DEMKOWICZ, AICP, SENIOR PLANNER

SUBJECT: SUPPLEMENTAL STAFF REPORT RELATED TO APPEAL OF THE
COMMUNITY DEVELOPMENT DIRECTOR'S DETERMINATION THAT
"WHOLE LIFE RECOVERY", A "RECOVERY CENTER" PROPOSED AT
34189 PACIFIC COAST HIGHWAY IS A PROHIBITED USE IN THE
TOWN CENTER-MIXED USE DISTRICT AND THEREFORE NOT
ALLOWED IN ACCORDANCE WITH THE CITY'S MUNICIPAL CODE.

In order to provide further background to the Initial Staff Report prepared for this item, Planning Staff has the following additional information:

In early 2015, the Planning Division received a total of five (5) inquiries from entities proposing to establish counseling/day treatment facilities that generally fit within the description of out-patient "recovery centers." All five (5) entities proposed to locate their recovery centers within the Town Center Plan area, and all five (5) inquiries were received within weeks of one another. "Whole Life Recovery" was one such entity that came to the front planning counter with an intention to submit an application to operate a "recovery center" within the Town Center Plan area. The other entities included: "TML Recovery/So. Cal. Recovery Center", "A Better Life Recovery LLC" (also proposed to be located in the same building as "Whole Life Recovery"), "Beachside, LLC" and a fifth inquiry that did not have a business name. Attached to this Report is Supporting Document A, which is a matrix that contains a list of the entities that had inquired as well as their business name and applicant information.

In response to each inquiry, Planning Staff indicated a need to better understand the operational characteristics of a "recovery center," as it was not specifically listed as a permitted use within the Town Center Land Use Matrix. Staff indicated to each entity that an application could not be accepted until it determined whether or not the use is allowed. In order to make this determination, Staff requested additional information, including a written description of the overall operational characteristics of the proposed "recovery center." Three (3) of the five (5) entities responded to this request. Their responses are attached as Supporting Document B. Overall, the operational characteristics described by the entities were similar, in that all three entities

emphasized that the primary characteristic of their business is that their 'customers' stay at the recovery center virtually all day (approximately 9:00 a.m. – 3:00 p.m.). According to the entities, patients come to their recovery centers for an extended period of time during the day to seek therapy with various professionals. This therapy is provided within the enclosed building and the patients are typically inside for the majority of the day, with the exception of short breaks between counseling/therapy sessions where they might go outside.

This proposed use (where individuals stay inside one building all day) is not in accordance with the overall goals and policies of the Town Center Plan, which specifically include encouraging the establishment of retail businesses, the creation of a mixture of land uses that help to generate positive pedestrian activity in the area and more specifically, support for street level uses that are pedestrian-oriented and contribute to the vibrancy of the street. Indeed, it is likely for this reason that "recovery centers" are not listed as a permitted use within the Town Center Plan.

As a result, based upon the foregoing, and specifically the information provided by the entities regarding their operations (including that which was provided by "Whole Life Recovery") the Director determined that the proposed use (recovery centers) was not permitted within the Town Center area for all of the reasons described in the Initial Staff Report and the January 21, 2015 Director's Determination Letter, which is attached as Supporting Document A to the Initial Staff Report.

Supporting Documentation:

- A. Out Patient Recovery Center Inquiry Matrix (as of 1.20.15), associated 11" x 17" map and TML Recovery Approved Certificate of Occupancy with letter from applicant.
- B. Submitted Information provided by "Whole Life Recovery", "A Better Life Recovery, LLC", and Beachside LLC.

Out Patient Recovery Center Inquires as of 1.20.15							
Business Name	Applicant Name	Contact - Phone	Contact - Email	Property Address	Property Owner	Type of Use	Status
TML Recovery/ So Cal Recovery Center	Lindsey Myers	513-280-2714	myerslc1981@yahoo.com	24422 Del Prado, # 9 and 10	Breakthru Enterprises, LLC	Administrative Office (no treatment)	Approved
Whole Life Recovery	Tom Blakely	949-973-0700	intenightworking@gmail.com	34189 PCH (whole building)	Joe Scala	Full service outpatient treatment	Preliminary Review
A Better Life Recovery LLC	Paul Stackhouse	949-306-0071	paul.stackhouse@yahoo.com	34189 PCH (portion of building)	Joe Scala	Full service outpatient treatment	Preliminary Review
Beachside, LLC	Heather Devore		pippi018@hotmail.com	24532 Del Prado (whole building)	CDR Investment Properties, LLC	Full service outpatient treatment	Denied
N/A	Renee	N/A	swmbs@yahoo.com	Suite within La Plaza Pacifica Building - 34052 La Plaza	Bettye Trowbridge	Full service outpatient treatment	More Info Required



CITY OF DANA POINT

COMMUNITY DEVELOPMENT, BUILDING AND SAFETY
33282 Golden Lantern, Suite 209
Dana Point, CA 92629
949.248.3594
(www.danapoint.org)

CONOTI

A
SECTION

001
FORM NUMBER

2010 CBC
CODE CYCLE

01/01/2011
EFFECTIVE DATE

01/01/2011
REVISION DATE

APPLICATION FOR CERTIFICATE OF OCCUPANCY WITHOUT TENANT IMPROVEMENTS

This Application, along with 3 copies of a site specific plan that includes a scaled site plan, a dimensioned floor plan depicting the existing layout, accessible parking, accessible restrooms, and the accessible path of travel is required. A Building and Planning Division review and approval is required prior to permit issuance. For additional information, see the Certificate of Occupancy handout.

For Businesses where a Discretionary Approval or any type of Tenant Improvements to the structure are proposed, including moving or constructing new partitions, changes to the electrical, mechanical, or plumbing systems, shall use the Building Permit Application and follow the procedures for a Tenant Improvement submittal.

BUSINESS OWNER INFORMATION

Name Lindsey Myers Emergency Phone Number 513-280-2714
Home Address 31014 Coast Hwy Laguna Beach, CA 92651
City Laguna Beach State CA Zip 92651

PROPERTY OWNER INFORMATION

Name Break Harv Enterprises LLC Phone Number 775-450-3818
Address P.O. Box 1330 Suite #
City Minden State NV Zip 89423

PROJECT INFORMATION

Business Name TML Recovery LLC
Type of Business Administrative/Billing
Business Address 24422 Del Prado #9710 Dana Point, CA 92629
Occupancy or Use 6 No. of Stories 2 Square Footage 1140 Type of Construction 2000
Occupancy Load Fire Sprinklers Installed: ☐ Yes ☒ No

REASON FOR CERTIFICATE OF OCCUPANCY

- ☐ Change of Ownership
- ☐ Change of Business Name
- ☒ New Business
- ☐ Change of use
- ☐ Change of occupancy class
- ☐ Other

ADDITIONAL APPROVALS AND/OR PROCEDURES ARE REQUIRED FOR THE FOLLOWING:

- ☐ Businesses that require a conditions use permit or discretionary approval.
- ☐ Tenant Improvements, including, but not limited to the lighting, plumbing, mechanical, partitions over 5'9", etc.
- ☐ Accessibility upgrades or improvements.
- ☐ Modifications to the parking lot.
- ☐ Modifications to the landscape and/or site drainage.
- ☐ Automotive shops. Additional Electrical, Mechanical and Water Quality requirements apply.
- ☐ Food Service occupancy will require water district approval. Current Water Quality and Grease Interceptor code compliance is required. Contact South Coast Water at (949) 499-4555.
- ☐ Orange County Health Department approval is required for food service, hair salons, and gas stations.
- ☐ Massage Establishments. Additional licensing requirements apply.
- ☐ Any "Restricted Use" as determined by the Orange County Sheriff's Office.

VERIFICATION	
<i>Initials</i> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 5px; display: flex; align-items: center; justify-content: center;">CW</div> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 5px; display: flex; align-items: center; justify-content: center;">CW</div>	<p>I hereby acknowledge that I have read the application and state that the information I have provided is correct and agree to comply with all City Ordinances, State Regulations, and the provisions and conditions of any permit issued pursuant to this application.</p> <p>I certify that no Tenant Improvements have been or are planned for this location and I will ensure that items requiring inspection will not be covered without inspection and approval by the Building Inspector.</p> <p>Print Name: <u>Lindsay Myers</u> <input type="checkbox"/> Owner <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Other <u>Business Owner</u></p> <p>Signature: <u>[Signature]</u> Date Signed: <u>10/21/14</u></p>

***** City of Dana Point Use Only *****

APPROVALS			
Building:	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	Date:	
Planning:	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	Date:	10.28.14
Code Enforcement:	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	Date:	
Conditions or Restrictions:			

TML RECOVERY LLC.

513-280-2714 Phone 949-542-3878 Fax

October 28, 2014

Re: 24422 Del Prado #9 & #10 Dana Point, CA 92629

To Whom It May Concern:

The name of our business is TML Recovery LLC. The business located at the above address will be used for medical billing, administrative purposes, storage of records, receiving inbound phone calls, employee training, and staff meetings. There will be no treatment of clients at this location including no group or individual counselling services provided at this location. Physicians, psychiatrist, psychologist, clients and other authorized personnel may be at the location to obtain billing records.

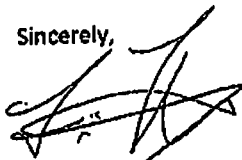
The current office square footage is 570 square feet per unit. Reception area 228 square feet in unit #9, conference office 255 Square Feet in unit #9, Private office of 110, 67 & 126 square feet each in unit #10.

The current use of the adjoining tenant is a salon located in unit #11 and administrative/mortgage offices located in unit #8.

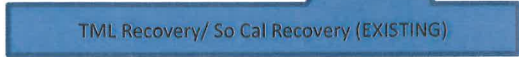
There will be 3 male employees and 1 female employee at unit #10, and Unit #9 will only be used for Staff Training & as a lunch/conference room. No regular employees will be in unit #9.

Should you have any questions please feel free to call us at the number listed above.

Sincerely,



Lindsey Myers
Owner



TML Recovery



CITY OF DANA POINT

PLANNING DEPARTMENT
33282 GOLDEN LANTERN
DANA POINT, CA 92629
PHONE: (949) 248-3500 FAX: (949) 248-7372

Application:

RECEIVED

JAN 09 2015

CITY OF DANA POINT
COMMUNITY DEVELOPMENT
DEPARTMENT

Planning Activity

- ☒ Conditional Use Permit
(Minor) (Major)
- ☐ Site Dev. Permit
(Minor) (Major)
- ☐ Coastal Development Permit
(Admin.) (Emergency) (Waiver)
- ☐ Variance

APPLICANT / AGENT: (Print)

Name: Torn Blakeley / Whole Life Recovery

Mailing Address: 3004 Calle Grande Vista

City, State, ZIP: San Clemente, CA 92672

Phone: 949-973-0700 Fax: -

Email: ltenightworking@gmail.com

CONTACT PERSON: (if different)

Name:

Mailing Address:

City, State, ZIP:

Phone:

Fax:

Email:

PROPERTY OWNER: (if different)

Name: California Hope Trust

Mailing Address:

City, State, ZIP:

Phone:

Fax:

Email:

CHOOSE ONE:

- ☐ I am the sole owner and hereby authorize the filing of this application.
- ☒ I own the project site jointly with one or more persons and am empowered to authorize the filing of this application on behalf of my fellow property owners; or,
- ☐ I own the project site in conjunction with one or more persons who are listed with their acknowledgement and authorization for the filing of this application attached for additional property owner authorization/acknowledgements

Signature:

Date: 1-7-15

PROJECT DESCRIPTION: State certified outpatient addiction counseling center serving adults suffering from substance abuse. The center will be operated by Edward Kaufman MD as medical director. The center will be staffed with licensed family therapists, addiction counselors, psychologists, and administrative professionals

PROJECT ADDRESS:

34189 Pacific Coast Highway, Dana Point, CA 92629

LEGAL DESCRIPTION:

Whole Life Recovery

APN:

COASTAL ZONE: ☐ Yes ☐ No ☐ Appeal Zone

PREVIOUS APPROVALS:

CERTIFICATION

As the Property Owner or Applicant/Agent in the request made by this filing, I hereby certify that I acknowledge, understand and concur with the following statements:

- (a) That there are no assurances at any time, implicitly or otherwise, regarding final staff recommendations to the decision making body regarding this application.
- (b) That major changes to the proposed project may require a new application and payment of new fees.
- (c) That to the best of my knowledge the information I have presented in this form and the accompanying materials is true and correct. I also understand that additional data and information may be required prior to final action on this application.

Signature(s):

[Signature]
Property Owner or Agent

Date: 1/7/15

FEES

Application Filing Fees:

Environmental Fee:

Required Postage:

**PC Supporting Document B
to Supplemental Report**

03/09/15 — Item 2

"WHOLE LIFE RECOVERY"
34198 Pacific Coast Highway



CITY OF DANA POINT
PLANNING DEPARTMENT

LAND USE APPLICATION FACT SHEET

	Existing	Proposed Development	Zone Code Requirement
General Plan Designation			
Zoning			
PRD			
Specific Plan			
Lot Area (sf)			
Lot Width (ft)			
Lot depth (ft)			
Setback Yards			
	<i>Front (ft)</i>		
	<i>Side (ft)</i>		
	<i>Side (ft)</i>		
	<i>Rear (ft)</i>		
Gross Floor Area (sf)			
Floor Area Ratio			
Building Coverage (%)			
Building Height (ft)			
Landscaping (%)			
Paving (%)			
Parking Spaces			
Surrounding Land Uses			
	<i>North</i>		
	<i>South</i>		
	<i>East</i>		
	<i>West</i>		



CITY OF DANA POINT
PLANNING DEPARTMENT

**INSTRUCTION SHEET FOR FILLING OUT
ENVIRONMENTAL IMPACT ASSESSMENT FORM – PART I**

The Environmental Impact Assessment (EIA) Form – Part I will be used to determine what type of environmental documentation (i.e. Environmental Impact Report, Mitigated Negative Declaration, Negative Declaration or Exemption) that will be required to be prepared for your application, per the California Environmental Quality Act (CEQA).

The clarity and accuracy of the information you provide is critical for purposes of quickly determining the specific environmental effects of your project.

Recent judicial decisions have held that a “naked checklist”, that is a checklist that is merely checked “yes” or “no”, is insufficient to comply with the requirements of the California Environmental Quality Act. Each “yes” or “no” answer must be accompanied by a written explanation justifying the “yes” or “no” answer. This is especially important when a Negative Declaration is being sought. The more information provided in this form, the easier and quicker it will be for Staff to complete the Environmental Impact Assessment Form – Part II.

Please be aware that recently adopted State Law (Assembly Bill 3158, Chapter 1702 of the Regular Session) requires all projects requiring an Environmental Impact Report (EIR) or Negative Declaration (ND) pay a filing fee to the County Clerk. If a project may pose a potential impact on “Wildlife Resources”; this State Law also requires paying a fee to the State Department of Fish & Game. As such, if there may be a potential impact on “Wildlife Resources” one of the following conditions will be placed on all projects requiring an EIR or ND:

For projects with Environmental Impact Reports:

“Within forty-eight (48) hours of the approval of this project, the applicant/developer shall deliver to the Planning Department a check payable to the *County Clerk* in the amount of Eight-Hundred-Eighty-Eight Dollars (\$888.00) which includes the Eight-Hundred-Fifty Dollars (\$850.00) fee required by Fish and Game Code Section 711.4(d)(4) plus the Forty-Three Dollars (\$43.00) County administrative fee, to enable the City to file the Notice of Determination required under Public Resources Code Section 21152 and 14, California Code of Regulations: 15094. If within such forty-eight (48) hour period the applicant/developer has not delivered to the Planning Department the check required above, the approval for the project granted herein shall be void”.

For Projects with Negative Declarations:

“Because the project may have a potential adverse effect on wildlife resources, within forty-eight (48) hours of the approval of the project, the applicant/developer shall deliver to the Planning Department a check payable to the *County Clerk* in the amount of One-Thousand-Two-Hundred-Eighty-Eight Dollars (\$1,288.00), which include the One-Thousand-Two-Hundred-Fifty Dollars (\$1,250.00) fee required by Fish and Game Code Section 711.4(d)(3) plus the Forty-Three Dollars (\$43.00) County administrative fee, to enable the City to file the Notice of Determination required under Public Resources Code Section 21152 and 14, California Code of Regulations: 15075. If within such forty-eight (48) hour period the applicant/developer has not delivered to the Planning Department the check required above, the approval for the project granted herewith shall be void.”

Project Information

1. List and describe any other related permits and other public approvals required for this project, including those required by City, regional, state and federal agencies:

A conditional use permit is required by the state
in order to meet state certification criteria

2. Proposed use of site (Project for which this form is filed):

The site will be used to provide professional licensed
substance abuse and addiction counseling services
in an outpatient environment.

3. Proposed scheduling:

Outpatient services will be provided between the
hours of 8 a.m. - 4 p.m. 5 days per week (Weekdays).
Some weekend events like family programs
may occur over weekends.

4. Associated projects:

N/A

5. Anticipated incremental development:

The company is anticipating to serve 40 clients
at any given time during business operating
hours.

6. If residential, include the number of units, schedule of unit sizes, range of sale prices or rents and type of household size expected:

N/A

7. If commercial, indicate the type, whether neighborhood, city or regionally oriented, square footage of sales area, and loading facilities:

N/A

Are the following items applicable to the project or its effects? Explain below all items checked yes (attach additional sheets as necessary).

YES	NO	
		11. Change in existing features or any bays, tidelands, beaches, lakes or hills, or substantial alteration of ground contours.
		12. Change in scenic views or vistas from existing residential areas or public lands or roads.
		13. Change in pattern, scale or character of general area of project.
		14. Significant amounts of solid waste or litter.
		15. Change in dust, ash, smoke, fumes or odors in vicinity.
		16. Change in ocean, bay, lake, stream or ground water quality or quantity, or alteration of existing drainage patterns.
		17. Substantial change in existing noise or vibration levels in the vicinity.
		18. Site on filled land or on slope of 10 percent or more.
		19. Use of disposal of potential hazardous materials, such as toxic substances, flammable or explosives.
		20. Substantial change in demand for municipal services (police, fire, water, sewage, etc.)
		21. Substantially increase fossil fuel consumption (electricity, oil, natural gas, etc.)
		22. Relationship to a larger project or series of projects.

1. The first step in the process of creating a new product is to identify a market need. This involves conducting market research to understand the current market landscape, identify gaps, and determine the target audience. Once a market need is identified, the next step is to develop a concept that addresses this need. This concept should be innovative, feasible, and profitable. The concept is then refined through a series of iterations, involving feedback from potential customers and stakeholders. The refined concept is then developed into a detailed business plan, which outlines the product's features, benefits, and the marketing strategy. The business plan is then used to secure funding and launch the product. The final step in the process is to monitor the product's performance in the market and make necessary adjustments to ensure its long-term success.

Environmental Setting



CITY OF DANA POINT
PLANNING DEPARTMENT

FOR DEPARTMENT USE ONLY

Date Filed:

Date Deemed Complete:

Posting Date

Mailing Date:

Date Fees Paid:

Receipt No:

Hearing Date

Action

Appeal Date

Action

Planning Director

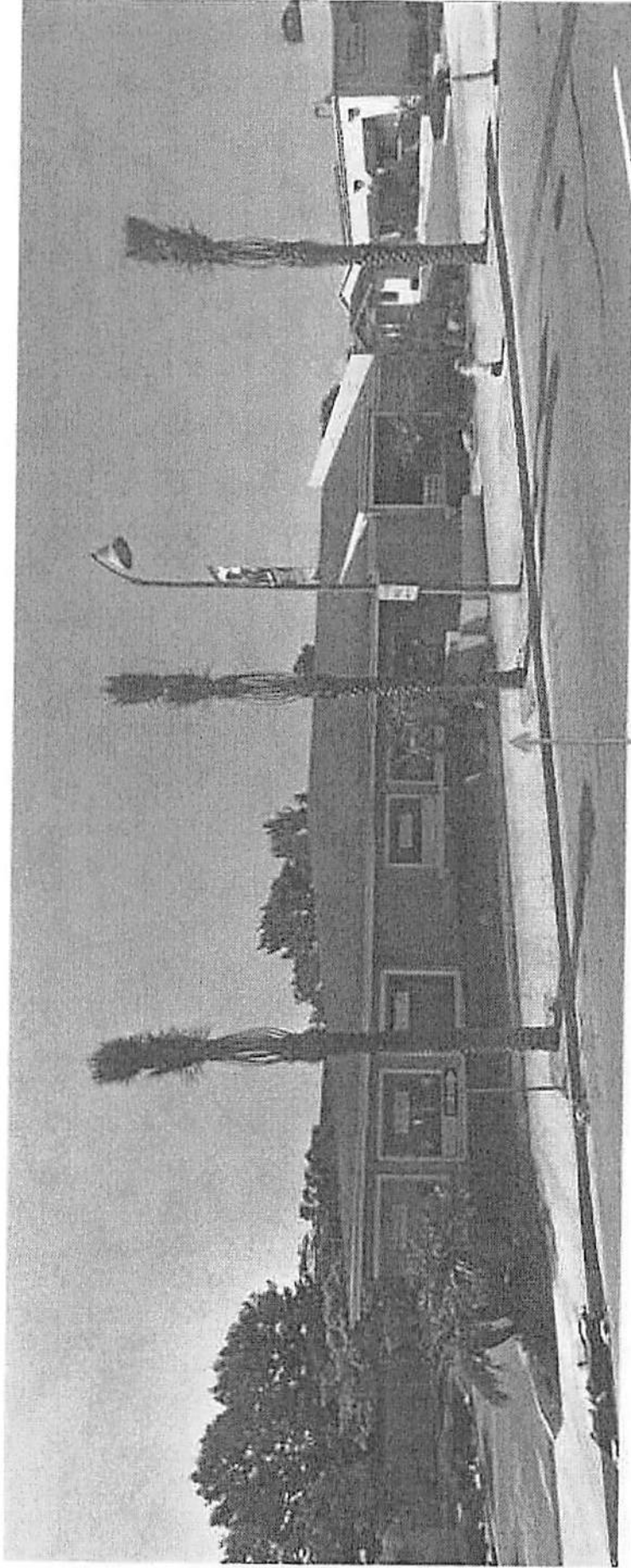
Planning Commission

City Council

APPLICATION INFORMATION

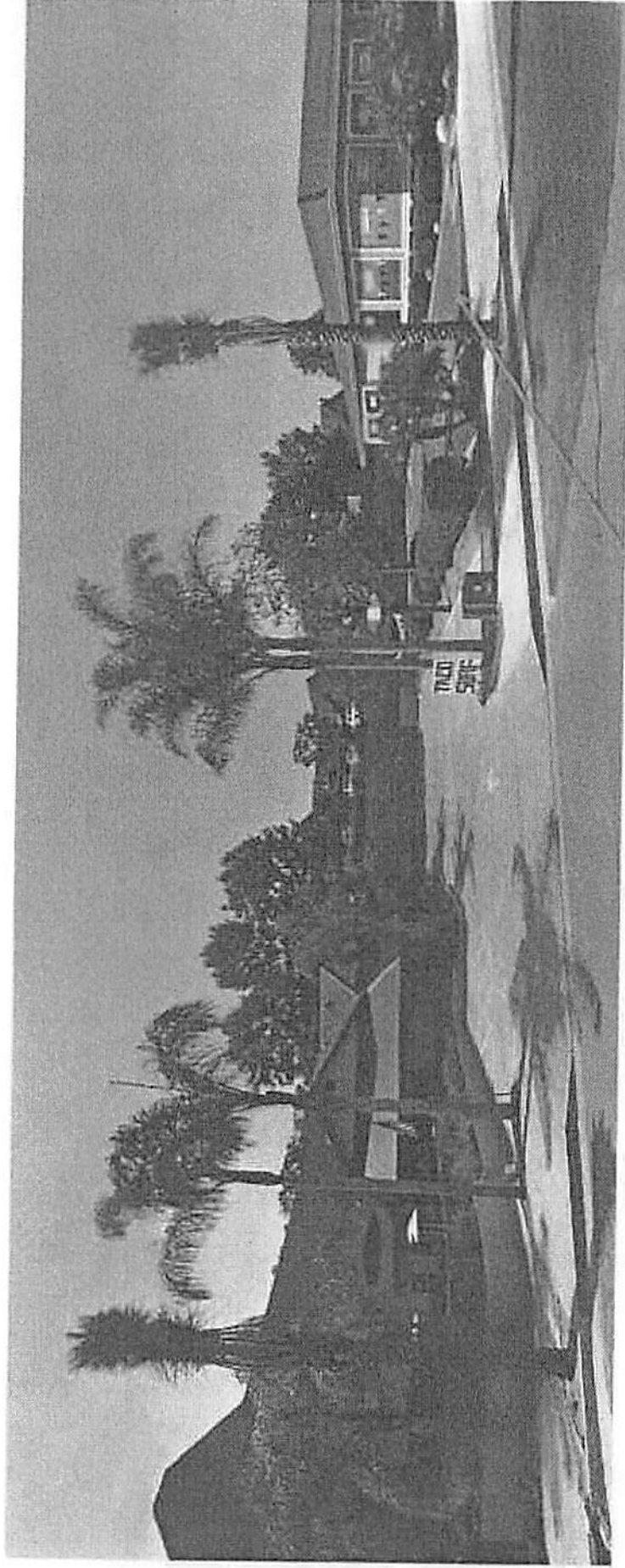
Application For	File Number	FF Number	Application Date	Planner
Fee	Permit Type			
\$1,633	Coastal Development Permit			
\$347	Coastal Development Permit (<i>Admin.</i>)			
\$288	Coastal Development Permit (<i>Emergency</i>)			
\$268	Coastal Development Permit (<i>Waiver</i>)			
\$392	Conditional Use Permit (<i>Minor</i>)			
\$2,355	Conditional Use Permit (<i>Major</i>)			
\$5,571	General Plan Amendment			
Hourly	Local Coastal Program Amendment			
\$392	Sign Program Permit			
\$2,943	Site Development Permit			
\$392	Site Development Permit (<i>Minor</i>)			
\$1,760	Tentative Parcel Map			
\$3,401	Tentative Tract Map			
\$844	Variance			
Hourly	Zone Change			
\$4,307	Zone Text Amendment			

34189 Pacific Coast Highway

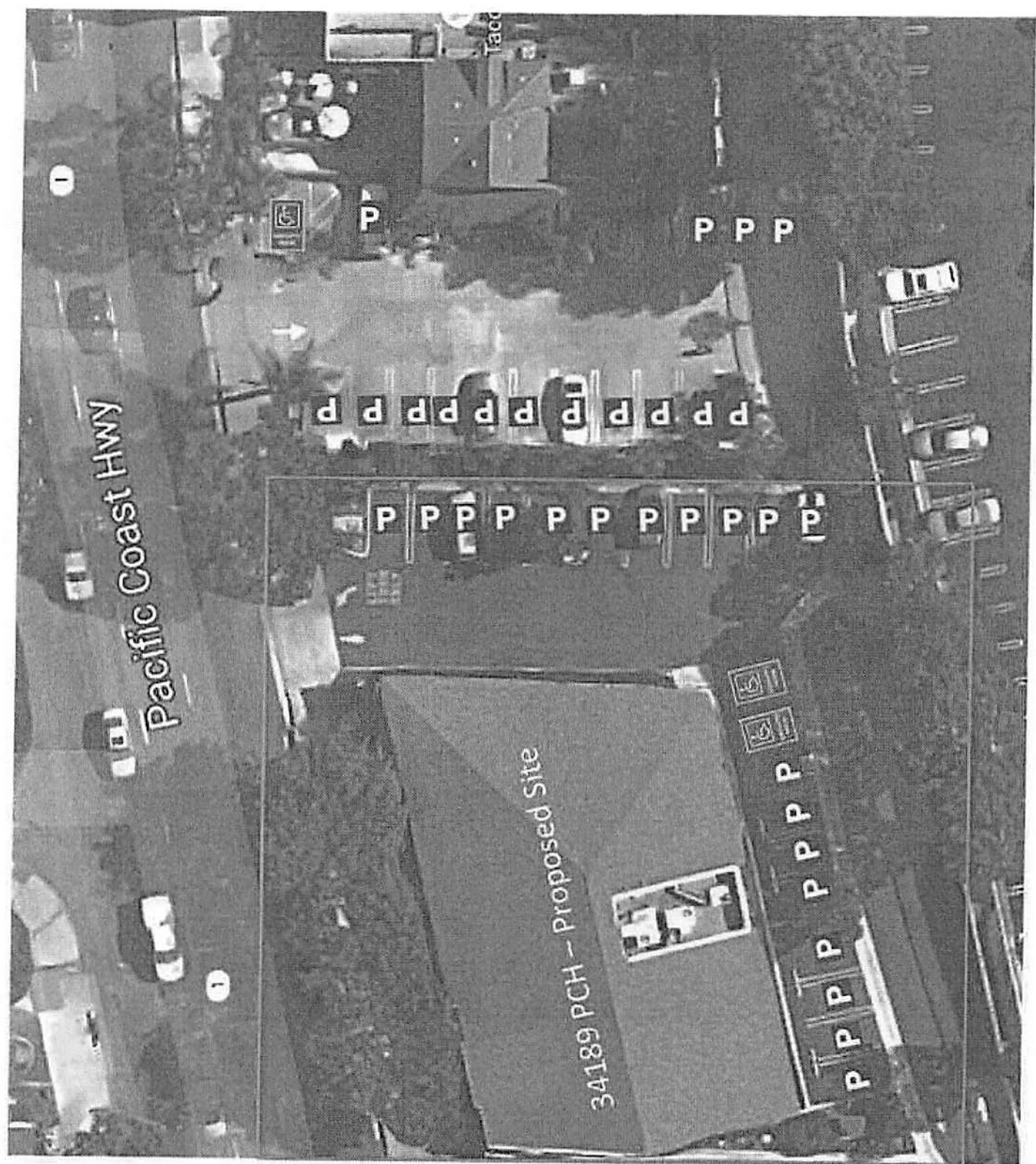


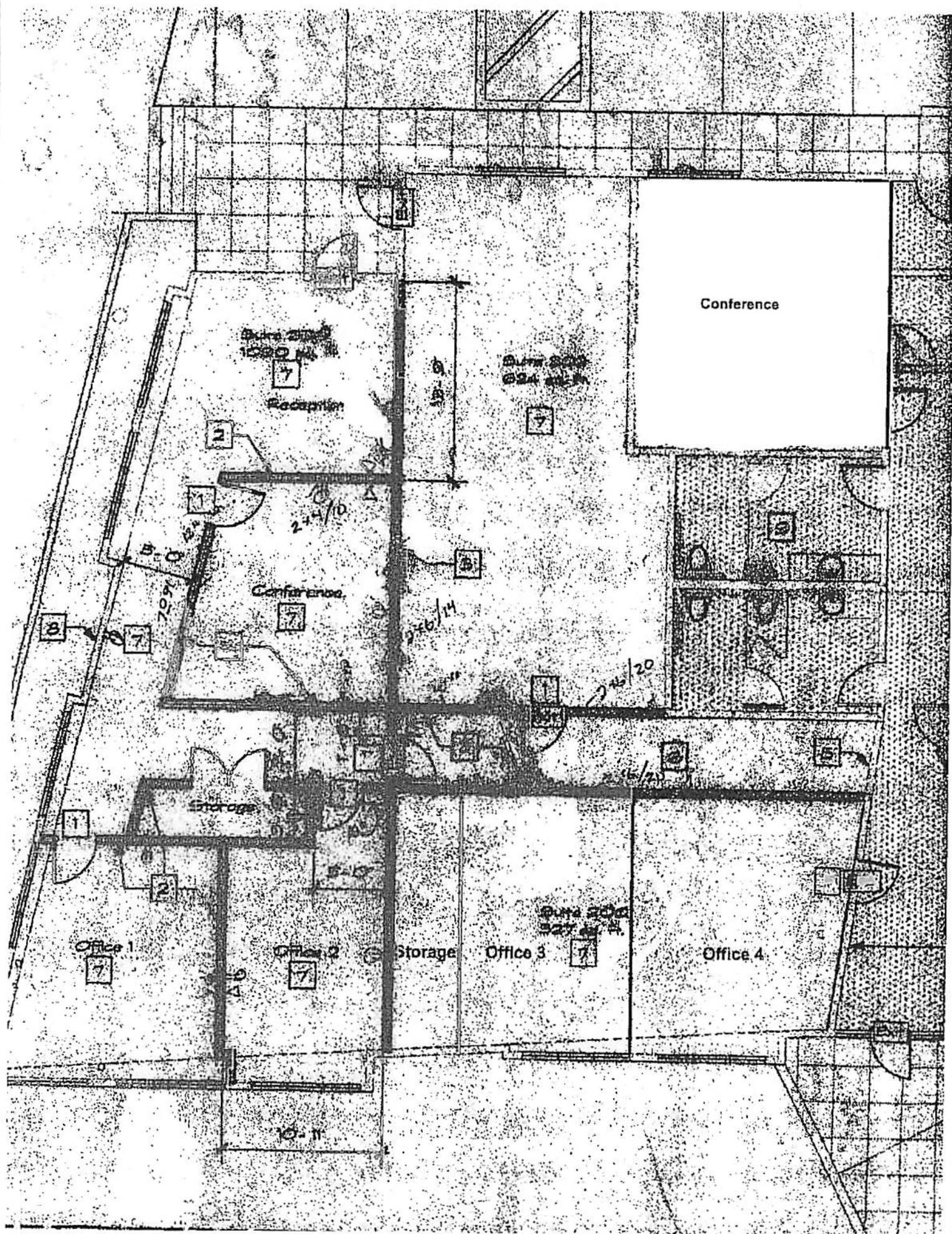
Proposed Site

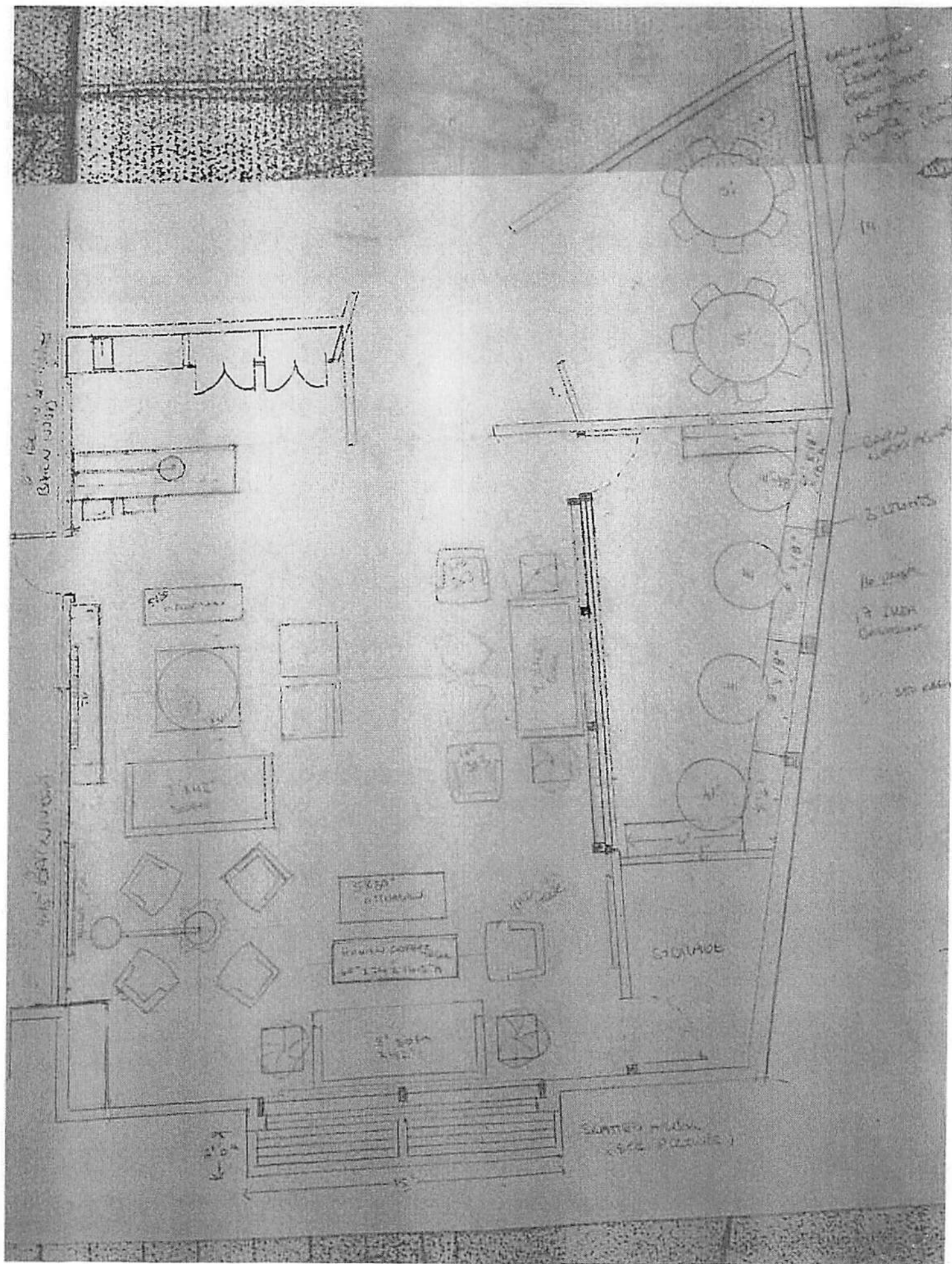
34192 Pacific Coast Highway



Proposed Site Entrance







Beachside LLC

Mission Statement

To provide individuals the structure and opportunity for a successful life and the support necessary for a higher education, while re-engaging in life with a mature, positive and service-oriented foundation. To provide appropriate tools and skills fundamental for achievement in both school and life. To add to our client's lives, by teaching them how to add to the lives of others.

Suite A - (Counseling)

The left side of the building on the second and third floors will be used for our program modeled after T.E.A.C.H. (Transition-Education-Action-Career-Help). It will be set up for one-on-ones, groups and lectures. The clients/students will work individually and together throughout their experience and the groups will be no larger than 4 to 8 people including staff.

The clients/students will arrive and depart at different times of the week depending on their individual schedules. Most of the students will be taking Human Services courses at Saddleback University. The University works closely with our program and they love seeing our students turn their lives' around and participate to their fullest, graduating with a variety of degrees. Our clients will be picked up from various businesses and returned when they are finished.

The maximum number of students/clients to start out with will be 10 overall and grow to 20 as time passes. Regardless, within these numbers, the maximum number of clients/students in the building at a time will range from 5 to 10 depending on their individual schedules.

The counseling area is currently separated by walls and doors from the office side of the building and will also be private on the left side. It is self-contained and offers the necessary privacy it needs to operate. Its entrance is located in the back and specifically leads upstairs.

See attached Site Plan

RE: 24532
Del Prado

John,

I am available to walk the building or let you walk with your staff member w/out me to verify the access, stairs, doors, walls (proposed) & current parking, etc.

Please call me with any questions you may have.

Best regards

Doug Green

agent on behalf of
Chet & Diane Ranger - Owners:
24532 Del Prado

BEITLER

COMMERCIAL REALTY SERVICES

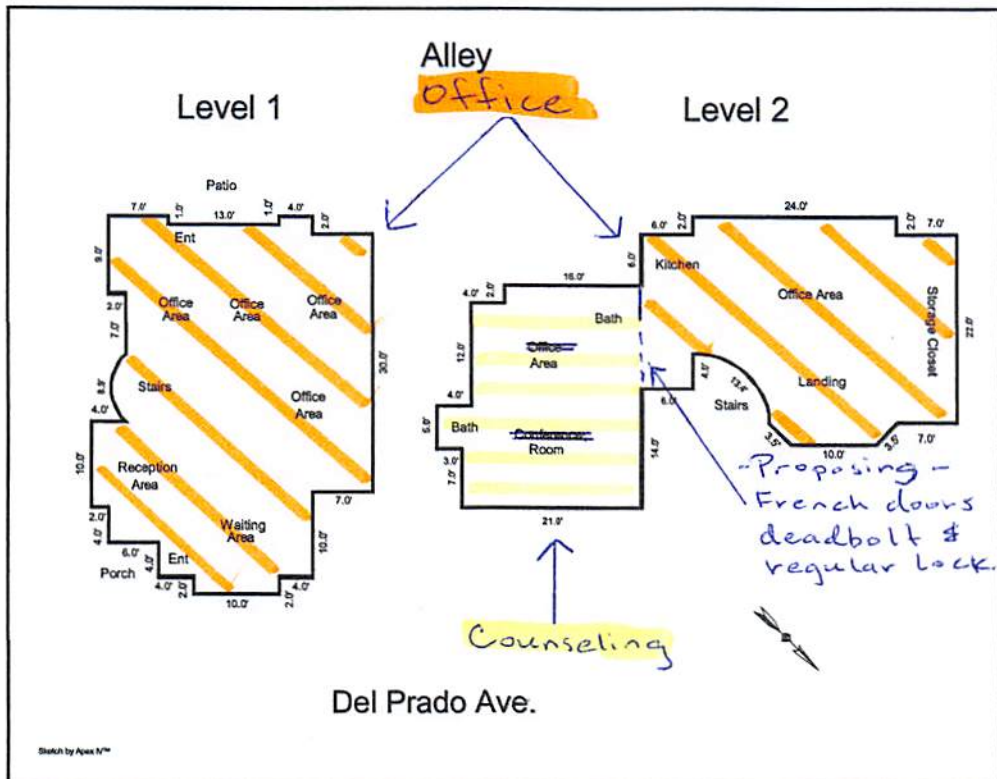
DOUG GREEN
Senior Vice President

4701 Von Karman Ave.
Suite 320
Newport Beach, CA 92660
Tel: 949.851.6900
Direct: 949.265.5881
Fax: 949.851.3173
www.beitler.com
dgreen@beitler.com

 **TCN**
WORLDWIDE

Building Sketch

Borrower/Client	N/A			
Property Address	24532 Del Prado Ave.			
City	Dana Point	County	Orange	State CA Zip Code 92629
Lender	Ed Conway			



Comments:

AREA CALCULATIONS SUMMARY			
Code	Description	Net Size	Net Totals
GLA1	First Floor	1200.1	1200.1
GLA2	Second Floor	1351.6	1351.6

LIVING AREA BREAKDOWN		
Breakdown	Subtotals	
First Floor		
2.0 x 10.0		20.0
7.0 x 30.0		210.0
5.0 x 34.0		170.0
4.0 x 10.0		40.0
2.0 x 9.0		18.0
4.0 x 7.0		28.0
17.0 x 37.0		629.0
4.0 x 18.0		72.0
1.0 x 4.0		4.0
8.9 x 90.0*		9.1
Curve Second Floor		
7.0 x 22.0		154.0
17.0 x 20.0		340.0
4.0 x 5.0		20.0
2.0 x 16.0		32.0
7.0 x 21.0		147.0
16.0 x 24.0		384.0
10.0 x 10.5		105.0
2.5 x 5.3		6.6
0.5 x 5.2 x 5.8		15.1
0.5 x 4.2 x 3.8		8.0
0.5 x 3.8 x 7.8		29.4
0.5 x 2.5 x 2.5		3.1
2.5 x 8.0		20.0
6.0 x 18.0		108.0
Curve 13.4 x 90.0*		-20.7
25 Items (Rounded)		2552

John, ↑

I will let you do the calculation on the 2nd level where French doors separate the space.

Thank you for your help!

Gang Juan

Building Sketch

Borrower/Client	N/A				
Property Address	24532 Del Prado Ave.				
City	Dana Point	County	Orange	State	CA
Zip Code	92629				
Lender	Ed Conway				

office

Level 1

Level 2

Counseling

Level 3

Del Prado Ave.

Proposing - 7.5 - 8.0 ft floor to ceiling wall to separate 1st level from 2nd currently banister separation.

Sketch by Apex 1/11

Comments:

AREA CALCULATIONS SUMMARY			
Code	Description	Net Size	Net Totals
GLA1	First Floor	630.0	630.0
GLA2	Second Floor	432.0	432.0
GLA3	Third Floor	450.0	450.0
Net LIVABLE Area		(Rounded)	1512

LIVING AREA BREAKDOWN		
Breakdown	Subtotals	
First Floor		
4.0 x 21.0		84.0
18.0 x 25.0		450.0
2.0 x 18.0		36.0
4.0 x 12.0		48.0
2.0 x 6.0		12.0
Second Floor		
18.0 x 24.0		432.0
Third Floor		
12.0 x 12.0		144.0
6.0 x 20.0		120.0
6.0 x 26.0		156.0
3.0 x 10.0		30.0
10 Items	(Rounded)	1512

Building Sketch

Borrower/Client	N/A			
Property Address	24532 Del Prado Ave.			
City	Dana Point	County	Orange	State CA Zip Code 92629
Lender	Ed Conway			

Alley

Level 1

Level 2

Del Prado Ave.

Sketch by Apex 4/96

Comments:

AREA CALCULATIONS SUMMARY			
Code	Description	Net Size	Net Totals
GLA1	First Floor	1200.1	1200.1
GLA2	Second Floor	1351.6	1351.6
Net LIVABLE Area		(Rounded)	2552

LIVING AREA BREAKDOWN		
Breakdown	Subtotals	
First Floor		
2.0 x 10.0	20.0	
7.0 x 30.0	210.0	
5.0 x 34.0	170.0	
4.0 x 10.0	40.0	
2.0 x 9.0	18.0	
4.0 x 7.0	28.0	
17.0 x 37.0	629.0	
4.0 x 18.0	72.0	
1.0 x 4.0	4.0	
Curve 8.9 @ 90.0°	9.1	
Second Floor		
7.0 x 22.0	154.0	
17.0 x 20.0	340.0	
4.0 x 5.0	20.0	
2.0 x 16.0	32.0	
7.0 x 21.0	147.0	
16.0 x 24.0	384.0	
10.0 x 10.5	105.0	
0.5 x 2.5	1.3	
0.5 x 5.2	2.6	
0.5 x 4.2	2.1	
0.5 x 3.8	1.9	
0.5 x 2.5	1.3	
2.5 x 8.0	20.0	
6.0 x 18.0	108.0	
Curve 13.4 @ 90.0°	30.7	
25 Items	(Rounded)	2552

Building Sketch

Borrower/Client	N/A			
Property Address	24532 Del Prado Ave.			
City	Dana Point	County	Orange	State CA Zip Code 92629
Lender	Ed Conway			

Level 1
Level 2
Level 3

Del Prado Ave.

Sketch by Apres 10/94

Comments:

AREA CALCULATIONS SUMMARY			
Code	Description	Net Size	Net Totals
GLA1	First Floor	630.0	630.0
GLA2	Second Floor	432.0	432.0
GLA3	Third Floor	450.0	450.0
Net LIVABLE Area		(Rounded)	1512

LIVING AREA BREAKDOWN		
Breakdown	Subtotals	
First Floor		
4.0 x 21.0		84.0
18.0 x 25.0		450.0
2.0 x 18.0		36.0
4.0 x 12.0		48.0
2.0 x 6.0		12.0
Second Floor		
18.0 x 24.0		432.0
Third Floor		
12.0 x 12.0		144.0
6.0 x 20.0		120.0
6.0 x 26.0		156.0
3.0 x 10.0		30.0
10 Items	(Rounded)	1512

JOHN TILTON

From: Doug Green <dgreenbeitler@gmail.com>
Sent: Monday, January 19, 2015 10:37 AM
To: JOHN TILTON; heather devore; Chester Ranger; diane ranger
Subject: Re: 24532 Del Prado Ave Dana Point

Hi John and welcome back. Happy New Year..!

I will try to answer your questions below. I have been given authority to do so by Beachside LLC and the property owner.

It appears that you have confused us with another applicant. We are "Beachside LLC" Not "A Better Life Recovery".

Please refer to email sent 12\11\14 by Heather Devore.

In summary, our clients are 18 or over in all cases. We do not dispense or prescribe any medications as there are no licensed doctors required by state law or associated with this use, on or off site.

We are not a "Drug Abuse Recovery or Treatment Facility" as you have mistakenly referred to in the Land Use Matrix. This "Prohibited Use" designation is aimed at residential property and 24 hour care, both of which do not apply to our Del Prado commercial property or our tenants proposed use.

"Beachside LLC" will be open during normal business hours, 8 am to 6 pm or less, Monday thru Friday. There will be no unusual odors or noise and nothing unusual about the real parking requirements of the use. The employee count will be no more than 5 employees and 8 to 10 clients (per day) whose appearance at the building will be sprinkled throughout the day at random times. At no time will there be more than 12 cars in the parking lot associated with the "Beachside" use. Our use is not shown in the Land Use Matrix, attached, as a "Prohibited Use".

Furthermore, I will make the argument that the old zoning still applies to our building since we have not changed our use since the (new) Town Center SP has been in effect. Therefore, the former zoning applies, our use is allowed in that zoning. It appears that our use is also allowed in the (new) Town Center SP.

As a side note, the medical facility next door, **Dana Point Urgent Care**, has medical clients that use our parking lot as their own. We will make sure this stops upon tenancy. Our building is currently vacant. The former use, The Armory Marketing and Hedgeye, had over 30 employees that called this entire building home.

John, I would like to meet you again, with Heather DeVore, to discuss the use again and clear up the misconceptions that abound. I have full support of the property owner, Chet and Diane Ranger. They are anxious to get this tenant into the building and part of the community.

Please advise.

Doug Green
Beitler Commercial Realty Services

January 13, 2015

To: Danny Giometti, Assistant Planner, City of Dana Point

Fr: Paul Stackhouse, Chief Executive Officer, A Better Life Recovery LLC

Re: 34891 Pacific Coast Highway – Business License/Approval

Here is the information you requested in advance of scheduling a meeting to discuss our desire to lease this space.

Type of Business: The intended use is for a State of California certified “Day Treatment” or “Intensive Outpatient” addiction treatment center.

Square Footage: Proposed lease is for approximately 3,400 square feet. This is the suite on the left half of the building when facing it from the PCH. A wide hallway with locked access doors on either side runs the entire width of the building dividing it in two. The total size of the building is approximately 6,200 square feet, leaving 2,800 square feet on the currently unoccupied right side.

Anticipated No. Of Employees: We will start with a core staff of 6 employees and increase staff over time to a projected maximum of 12 employees.

Anticipated No. Of Patients: We project to start operations with approximately 5 patients and grow over time to a maximum of approximately 25 patients.

Medication Dispensed: None. Our treatment program will rely purely on talk therapy and educational guidance. A Better Life Recovery will not prescribe or dispense any form of synthetic drug substitutes or psychiatric medications such as anti-anxiety or anti-depressant prescriptions.

Transportation: We will deploy two passenger vans (e.g. plain white Ford E-series models with up to 15 passenger capacity) that will pick up patients from sober living houses in Dana Point and surrounding cities and deliver them to and from the facility.

**Average Daily
Length of Stay:**

Each patient will arrive at the facility at approximately 10:00 a.m. and load back up in the vans for transportation back to their homes at approximately 3:00 p.m. Staff hours will typically be from 9:00 a.m. to 5:00 p.m. The facility normally will be vacant and locked during non-office hours.

**Average Overall
Length of Stay:**

The typical duration of an Intensive Outpatient treatment plan is 90 days.

Services Provided:

- 1) Daily Individual therapy sessions with licensed psychotherapists including California Masters in Family Therapy, and Ph.D.s
- 2) Daily Individual counseling sessions with CAADAC (California Association of Alcoholism and Drug Abuse Counselors) certified counselors.
- 3) Daily "Small Group" (typically 3 – 8 patients) therapy/counseling sessions with the professionals identified above.
- 4) "Large Group" (typically 10 – 20 patients) therapy and feedback sessions several times per week lead by licensed psychotherapists and certified counselors.
- 5) Family counseling program(s) led by MFTs and other professionals attended by the family members of patients. Family sessions would occur approximately once per month.
- 5) Health and Nutrition classes conducted by visiting consultants/experts in the field.
- 6) Career and Educational Counseling by professionals in the field. A Better Life Recovery will utilize credentialed outside consultants but may also hire career/educational guidance counselor as part of its full time employee professional staff.
- 7) "Life Skills" workshops and seminars. Basic instruction sessions in small and large group format on matters such as "how to open a bank account", "how to intelligently shop for groceries", etc.

**Other Operational
Characteristics:**

We are aware of no other operational characteristics that would have a measurable impact on traffic, parking, noise, odor, etc.

2014 DEC 17 P 2:17

CITY OF DANA POINT BUSINESS REGISTRATION APPLICATION

BUSINESS NAME A Better Life Recovery LLC
SITE ADDRESS 34189 Pacific Coast Highway 92629
MAILING ADDRESS (if different from above) 34091 Amber Lantern 92629
PHONE 949-306-0071 FAX _____
LOCAL OWNER OR MANAGER Paul Stackhouse
TYPE AND DESCRIPTION OF BUSINESS Outpatient Behavioral Healthcare Services

HOURS OF OPERATION 8:30am - 5:30pm YEARS IN OPERATION 2

NAICS CODE (IF KNOWN) _____ NUMBER OF EMPLOYEES 20

BUSINESS SQ. FT. 6,200 APPROX. SQ. FT. OF RETAIL (if any) N/A

OWNERSHIP TYPE (CHECK ONE)

☒ Corporation (LLC) ☐ Partnership ☐ Sole Proprietor

WEBSITE www.abetterliferecovery.com

EMAIL pstackhouse@abetterliferecovery.com

☐ If you do not wish to have the above information included in our business directory provided to the public, please check here.

PLEASE COMPLETE THE FOLLOWING EMERGENCY CONTACT INFORMATION IF YOUR BUSINESS WISHES TO PARTICIPATE IN THE OC SHERIFF'S DEPARTMENT **BUSINESS WATCH PROGRAM**. YOU WILL BE CONTACTED AND PROVIDED WITH ADDITIONAL INFORMATION AND YOUR BUSINESS WATCH DECAL.

NAMES OF INDIVIDUALS TO CALL IN CASE OF EMERGENCY:

1. NAME Paul Stackhouse PHONE NUMBER: 949-306-0071
2. NAME Joe Hise PHONE NUMBER: 949-540-4852

☐ We already participate in the program and have a decal. The number is: _____

Please return completed applications to:
City of Dana Point Economic Development
33282 Golden Lantern Dana Point, CA 92629
(949) 248-3500 FAX: (949) 248-9920
www.danapoint.org



CITY OF DANA POINT

COMMUNITY DEVELOPMENT, BUILDING AND SAFETY

33282 Golden Lantern, Suite 209
Dana Point, CA 92629
949 248-3594



www.danapoint.org

A004-C OF O

2013 CALIFORNIA CODES
CODE CYCLE

01/01/2014
EFFECTIVE DATE

CERTIFICATE OF OCCUPANCY APPLICATION

PROJECT INFORMATION

Business Name: A Better Life Recovery LLC
Type of Business: Outpatient Behavioral Healthcare Services
Business Address: 34189 Pacific Coast Highway
Occupancy or Use: Up to 100 No. of Stories: 1 Square footage: 6,200 Construction: N/A
Occupancy Load: Fire Sprinklers Installed: ☒ Yes ☐ No

BUSINESS OWNER'S INFORMATION

Owner's Name: Paul Stackhouse Phone # 949-306-0071
Home Address: 34091 Amber Lantern
City: Dana Point State CA Zip 92629

PROPERTY OWNER'S INFORMATION

Name: California Hope Trust Phone # 702-278-5566
Address: 6402 Centennial Center Blvd
City: Las Vegas State NV Zip 89149

REASON FOR CERTIFICATE OF OCCUPANCY

- | | |
|---|---|
| <input type="checkbox"/> Change of Ownership | <input type="checkbox"/> Change of use |
| <input type="checkbox"/> Transfer of Liquor License | <input type="checkbox"/> Change of Occupancy Class |
| <input type="checkbox"/> Change of Business Name | <input type="checkbox"/> Existing Business without a C of O |
| <input checked="" type="checkbox"/> New Business | <input type="checkbox"/> Other |

This Application, along with a letter of intent and 3 copies of a site specific plan that includes a scaled site plan depicting the path of travel and accessible parking, a dimensioned floor plan depicting the existing layout, accessible restrooms, and the accessible path of travel is required. The minimum plan size is 11" X 17" and 12pt. font. The requirements for an accurate plan submittal are dictated by the California codes and are used for both inspection and archival purposes. After passing the inspection, the C of O will be processed and the plans are scanned into the archival database.

The review requirements of the planning division are inclusive of the zoning and use. Accessibility and path of travel are Building Division elements. Approval of the use and zoning does not necessarily grant an approval by the Building and Safety Division. For additional information and requirements, see the Obtaining Certificate of Occupancy handout # B106-C OF O and the back side of this form. Reviews, City Approvals and any outside agency approvals are required prior to permit issuance. Missing documentation will delay the issuance of the Certificate of Occupancy permit.

For Businesses where a Discretionary Approval, any type of Tenant Improvements to the structure are proposed, including moving or constructing new partitions, changes to the electrical, mechanical, or plumbing systems, and certain Food service and/or Automotive uses shall use the Building Permit Application and follow the procedures for a Tenant Improvement submittal.

ADDITIONAL APPROVALS AND/OR PROCEDURES ARE REQUIRED FOR THE FOLLOWING:

- ☐ Businesses that require a conditions use permit or discretionary approval.
- ☐ Tenant Improvements, including, but not limited to the lighting, plumbing, mechanical, partitions over 5'9", etc.
- ☐ Accessibility upgrades or improvements.
- ☐ Modifications to the parking lot, including re-surfacing and/or re-striping.
- ☐ Modifications to the landscape and/or site drainage.
- ☐ Automotive shops. Additional Electrical, Mechanical and Water Quality requirements apply.
- ☐ Food Service occupancies will require both Public Works and Water District approvals. Current Water Quality and Grease Interceptor code compliance is required. A "Will Serve" letter from the water district is also required. For additional information contact:
 - Lisa Zawaski, Water Quality Engineer, City of Dana Point (949) 248-3584
 - South Coast Water District, (949) 499-4555, *or*
 - Moulton Niguel Water District, (949) 831-2500 *or*
 - Capistrano Valley Water District, (949) 493-1515
- ☐ Orange County Environmental Health Department approval and OK to operate letter is required for food service and gas stations. (714) 433-6000
- ☐ Massage Establishments. Additional licensing requirements apply.
- ☐ Any "**Restricted Use**" as determined by the Orange County Sheriff's Office.

VERIFICATION

Initials

PS

I hereby acknowledge that I have read the application and state that the information I have provided is correct and agree to comply with all City Ordinances, State Regulations, and the provisions and conditions of any permit issued pursuant to this application.

AS

I certify that no Tenant Improvements have been or are planned for this location and I will ensure that items requiring inspection will not be covered without inspection and approval by the Building Inspector.

Print Name:

Paul Starkhouse

☒ Owner ☐ Agent ☐ Other

Signature:

[Signature]

Date Signed :

12/16/2014

***** City of Dana Point Use Only *****

APPROVALS

Building:		Date:
Planning: (Director of Community Development)		Date:
Public Works:		Date:
Code Enforcement:		Date:
Water District Will Serve Letter:		Date:
OC Health OK to open: (Inspection Report with OK to open comment or OCH letter)		Date:
Orange County Sheriff:		Date:
Other:		Date:
Conditions or Restrictions:		

Program Description

It is the mission of A Better Life Recovery to put the needs of our clients first by offering the highest possible quality of care. We believe that focusing on the best interests of our clients and targeting the underlying behavioral health issues, that we can effectively restore lives, rebuild families and improve communities. We also hope to set a new standard of care that spreads throughout the industry. Its our philosophy by having clinically progressive and individualized treatment our clients will be able to start living life again, happy, joyous and free.

This program is designed to assist adults who require structure and support to prevent relapse, learn new recovery tools, developed new routines, and establish a sober support system that together will provide the foundation for long term sobriety.

We also provide continuing care and an aftercare program. The program treatment services are designed in a series of phases to work toward recovery goals that must be achieved to advance to a lower level of care. These goals begin at orientation and admission and continue into aftercare. The recommended length of treatment is 45 to 90 days. The level of care consists of:

Intensive Day Treatment: intensive day treatment with staff and clinical supervision at our treatment center.

Schedule: (Mon, Tues, Wed, Thurs, Friday) 10:00 AM to 3:15 PM

- Education Lectures and Group Process
- Individual Counseling sessions Available
- 12 step Meeting Daily
- Multi-Family Group (Family and Client) Saturday 9:00 AM to 12:00 PM

Intensive Outpatient Program: designed for clients that are not at high risk for alcohol or drug abuse and, based upon assessment, would benefit from a less-structured treatment program while living at their own residence. This level of care is designed for a minimum of 22 weeks of participation where participants begin at 5 days of evenings per week and steadily drop down to 1 evening per week at the direction of their case manager.

Schedule: (Mon, Tues, Wed, Thurs, Friday) 11:00 AM to 4:15 PM

- Education Lectures and Group Process
- Individual Counseling sessions Available
- 12 step Meeting Daily
- Multi-Family Group (Family and Client) Saturday 9:00 AM to 12:PM

All of the treatment modalities, groups, individual and group counseling, educational workshops and seminars and monitoring promote personal

responsibility and emotional growth. All activities are a part of an integrated set of experiences, in which participants examine their attitudes and behaviors in the context of mutual support. Motivational interviewing is utilized as a catalyst to convert criticism and feedback into personal insight and behavior change. Participants can earn privileges through demonstration of responsibility and self-help.

The specific modalities of treatment are as follows:

- Interview and assessment, free of any charge and financial obligation, of the potential participant's alcohol and drug use and mental stability to determine if they meet criteria to be accepted into the treatment program and to determine their needed level of care. The interview and assessment also provides a therapeutic arena for the participant to voluntarily make a decision to enter treatment for their alcohol/or drug abuse and/of their mental illness. All admissions are based on voluntary acceptance
- Intake and orientation is designed to fully acquaint the participant with the policies and expectations of the program, their level of care as well as their participant rights. The intake and orientation procedure also allows an opportunity to conduct further assessment (Biological-Psychological-social model) for the purpose of identifying and personal concerns, health issues, language barriers, and learning disabilities that will need to be addressed in their plan of care in order to allow the participant to achieve maximum benefit from the program.
- Full Psychiatric Evaluation
- Biological-Psychological-Social Model and relapse prevention
- Individual Counseling
- Case Management
- Group Counseling
- Substance Abuse Intervention and Education
- Mental Health Intervention and Education
- Medication Education
- Drug Testing

- Nutrition Education
- 12-step self-help group participation
- Community responsibility
- Job assistance, volunteer and vocational support
- Family stabilization, education and recovery
- Long-term continuation of Treatment (After-Care)

OUTLINE OF SERVICES PROVIDED

Outpatient services

- Intensive Outpatient – Adults
- Relapse Prevention Education
- Nutrition Education
- Aftercare (Alumni)
- Continuing Care Planning

Counseling

- Individual
- Group
- Family Education
- Individual Treatment Planning
- Free Assessments
- Community Referrals

Drug and Alcohol Education

- Life Skills
- Communication Skills
- Goal Setting
- Stress Management
- Coping Skills

Nutrition Education

- Importance of Proper Diet
- Vitamins and Minerals
- Benefits of Exercise

Client Workbook

- Personal Assessment
- Relapse Prevention Plan
- Triggers, Cravings, Health and Wellness

Vocational Training

- Resume Building
- Interviewing Skills
- One stop Employment Center
- Volunteering
- Job Search

Community Drug Testing

- 12-Panel Test Cup (Rapid Response)
- 12-Panel Test Cup (Lab Analyzed)
- Oral Fluid Testing (Saliva)

OUTLINE OF RECREATIONAL AND SOCIAL ACTIVITIES

Weekly Activities

- Nature Walks
- Art Therapy
- Motivational Speaking Engagements
- Yoga

Sober Functions

- 12-Step Meetings
- AA/NA Conventions
- Spiritual Retreats
- Sober Softball

Sober Outings

- Movies
- Bookstore
- Miniature Golf
- Aquarium of the Pacific
- Crystal Cove hiking trails
- Museum of Tolerance
- Live Theatre – Performing Arts Center