

ATTACHMENT A

City Application



Standard Application Form – 1

Community Development Department – Planning Division

125 East College Street • Covina, California 91723 • (626) 384-5450 / Fax: (626) 384-5479

Applicant Information

Name of Proposed Project: STIIIZY COVINA LLC		STAFF USE ONLY
Project Address: 754 E Arrow Highway, Covina CA 91722		
Assessor's Parcel Number: 8405-003-032		
Phone: (626) 862-0233	E-Mail: andrew.delagarza@stiiizy.com	MUNIS NO:
Applicant Name: Andrew De La Garza		FILE NO:
Applicant Address: 2001 S Alameda St, Los Angeles CA 90058		
Property Owner Name: The McIntyre Company		
Property Owner Address: 370 E Rowland St, Covina CA 91723		

Project Type

Please check the type of project review requested. If you are applying for more than one review you may check all that apply.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> PCD Amendment | <input type="checkbox"/> Tree Preservation Permit
<input type="checkbox"/> Minor |
| <input checked="" type="checkbox"/> Development Agreement | <input type="checkbox"/> Public Convenience or necessity (ABC) | <input type="checkbox"/> Vacation of Alley, Easement, Street |
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Site Plan Review-Major | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Historic Structure Designation | <input type="checkbox"/> Site Plan Review-Minor (Residential) | <input type="checkbox"/> Variance (Minor) |
| <input type="checkbox"/> Lot Line Adjustment/Lot Merger | <input type="checkbox"/> Site Plan Review-Minor (Non-Residential) | <input type="checkbox"/> Zoning Code Amendment/ Zone Change |
| <input type="checkbox"/> Pre-Application Review | <input type="checkbox"/> Tentative Parcel Map
<input type="checkbox"/> Time Extension | <input type="checkbox"/> _____
(Other) |
| <input type="checkbox"/> Planned Community Development (PCD) | <input type="checkbox"/> Tentative Tract Map
<input type="checkbox"/> Time Extension | <input type="checkbox"/> _____
(Other) |

Project Description

Detailed Description of Proposed Project (Attach Additional Sheets if Necessary)

Owner Certification

I certify that I am presently the legal owner of the above described property. Further, I acknowledge the filing of this application and certify that all of the above information is true and correct. If applicant is different from the legal property owner, a property owner's authorization form must accompany this application.

Date: 1-30-25 Signature: Andrew McIntyre
Print Name and Title: Andrew McIntyre President/Owner

STAFF USE ONLY

Date Received:	Received by:	Fees:	Receipt No:
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Standard Application – 2 Property Owner's Authorization Form

Community Development Department – Planning Division

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List the name(s) and address(es) of all property owner(s).

1. Owner Name: WLM AH LLC
Complete Address: 370 E Rowland St, Covina CA 91723
Email: themcintyreinc@gmail.com Phone: (626) 332-2978
2. Owner Name: _____
Complete Address: _____
Email: _____ Phone: _____
3. Owner Name: _____
Complete Address: _____
Email: _____ Phone: _____

Certification Statement

This letter shall serve to notify you and certify that I/we am/are the legal owner(s) of the property described in the attached application and do hereby authorize:

Applicant's Name: Andrew De La Garza Phone: 626-862-0233
Applicant's Complete Address: 2001 S Alameda St, Los Angeles CA 90058 Email: andrew.delagarza@stiiizy.com

To file and present my/our interest for the referenced application(s): _____

Name (printed): Andrew McIntyre
Title: President Date: 1-30-25

Signature: Andrew McIntyre



Standard Application – 3 Project Description Form

Community Development Department – Planning Division

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The following information must be completed and submitted with new applications: (Print or type all information entered)

A. General Information

Project Address or Assessor's Parcel Number: 8405-002-032

Site Area: 92,347 SF Building Area: 34,324 SF Building Height: 14' No. of Floors: 1

Total anticipated number of employees: 53 Max shift: 15 Hours of operation: 9:00 AM - 9:00 PM

Does the business involve the sale of any food or beverages? ☒ No ☐ Yes

Will the project be built in phases? ☐ No ☐ Yes If YES, a phasing plan is required to be submitted.

Will any permits be required from agencies other than the City (including a Hazardous Materials Business Plan)?

☐ No ☒ Yes If yes, list: California Department of Cannabis Control

Will the project use, store, or dispose of potentially hazardous chemicals, materials, toxic substances, flammables or explosives? ☒ No ☐ Yes If yes, describe: _____

If any of the above answers are YES, please describe in detail on a separate sheet.

B. Existing Land Uses of the Subject and Surrounding Properties

Subject property: Multi Tenant Industrial Flex Building

North: Nursing Home (City of Glendora)

East: Multi Tenant Industrial Flex Building

South: Industrial Building

West: Single Tenant Industrial Flex Building

C. Physical Site

Will the project modify existing natural features? ☒ No ☐ Yes If YES, please describe in detail on a separate sheet?

Estimated cubic yards of grading involved in the project: ☒ None ☐ Cut = _____ Fill = _____

What is the maximum height and grade of constructed slopes? _____

D. Archaeological/Historical

Is the project located in an area of archaeological or historical sensitivity as identified in the Covina General Plan?

☒ No ☐ Yes If YES, please describe in detail on a separate sheet.

E. Flora and Fauna

Describe the types of vegetation and trees in the project area: Grass, rose bushes, white poplar trees, weeping fig, white fir.

Number of Oak trees on the site: 0 Number of Oak trees to be removed: _____ a Tree Permit application must be obtained

Describe the types of wildlife found in the project area: N/A

F. Noise

Will the project increase noise levels within the project area of surrounding neighborhood?

☒ No ☐ Yes If **YES**, please describe in detail on a separate sheet

Will the project increase the amount of light, vibration, dust, ash, smoke, or odors during construction or after development? ☒ No ☐ Yes If **YES**, please describe in detail on a separate sheet.

G. List of Attached Environmental Reports

N/A

Contact person for environmental: N/A Phone: _____
Environmental firm: N/A E-mail: _____
Mailing Address: N/A

H. Certifications

Government Code Section 65962.5 requires the Planning Division to make available to applicants the most current list of "Identified Hazardous Waste Sites" from the State Office of Planning and Research. The list is available on the web at http://www.dtsc.ca.gov/SiteCleanup/Cortese_List under Mandated Web Site Postings.

All applicants must complete and sign the following statement in order for the Planning Division to deem the application complete.

"I, Andrew De La Garza, certify that I have reviewed the list of "Identified Hazardous Waste Sites" from the Office of Planning and Research and have determined that the site that is the subject of this application is not on said list."

I hereby certify that to the best of my ability, the statements furnished above and the exhibits submitted with this application present the data and information required for this initial evaluation and that the facts, statements, and information presented are true and correct to the best of my knowledge. Furthermore, I understand that failure to provide the plans and information required may result in this application not being accepted as complete for planning and processing.

Name (printed): Andrew De La Garza Date: 1/28/2025
Signature: Andrew De La Garza
Representative for: STIIZY COVINA LLC
Title: Development Associate



Standard Application - 4 Project Contact List

Community Development Department – Planning Division

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The following information must be completed and submitted with new applications: (Print or type all information entered)

Project Location:

754 E Arrow Highway, Covina CA 91722

STAFF USE ONLY**FILE NO.:****Applicant:**

STIIIZY COVINA LLC

MUNIS:**Primary Contact Person:**

Andrew De La Garza, STIIIZY Inc, Development Associate

RELATED FILES:**Address:**

2001 S Alameda St, Los Angeles CA 90058

Phone:

626-862-0233

Fax:**E-mail Address:**

andrew.delagarza@stiiizy.com

Secondary Contact Person: (Please Specify Name, Company, Title)

Cyrus Pai, STIIIZY Inc, Director of Development

Address:

2001 S Alameda St, Los Angeles CA 90058

Phone:

(408) 417-0912

Fax:**E-mail Address:**

Cyrus.Pai@stiiizy.com

Legal Property Owner:

WLM AH LLC

Address:

370 E Rowland St, Covina, CA 91723

Phone:

(626) 332-2978

Fax:**E-mail Address:**

themcintyreinc@gmail.com

Architect:

Hestia Atelier, LLP

Contact Person:

Hide Iwagami, Architect / CEO

Address:

3 Peters Canyon Rd. #110, Irvine, CA 92606

Phone:

(949) 230-6006

Fax:**E-mail Address:**

hide.iwagami@HestiaAtelier.com

Engineer

GMEP Engineers

Contact Person:

Gary Zhou

Address:

26439 Rancho Pkwy South, Suite #120, Lake Forest, CA 92630

Phone:

949-209-7164

Fax:**E-mail Address:**

Gzhou@gmepe.com

Landscape Architect**Contact Person:****Address:****Phone:****Fax:****E-mail Address:**



Standard Application - 5 Non-Residential Project Summary Table

Community Development Department – Planning Division

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PROJECT INFORMATION

Project Name: STIIIZY COVINA LLC

Project Address: 754 E Arrow Highway, Covina, CA 91722

General Plan: GI - GENERAL INDUSTRIAL

Zoning District: M-1 (PCD)

PROJECT AREA

Gross		2.1 Acres
Net (Exclusive of dedication for major external and secondary streets)		Acres
AREA DISTRIBUTION (Net Area)	Acres/Sq. Ft.	% of Net Project Area
Building Coverage	34,324 SF	
Landscape Coverage		
Vehicular Coverage (Including parking, drive aisles, etc.)		
Floor Area Ratio (FAR)	0.37	

FLOOR AREA DISTRIBUTION BY PROPOSED USE (Based on Net Area)

Area of Building Pad	No. of Stores	Gross Floor Area	Proposed Use

PARKING (Calculate Each Use Within a Building Separately)

Type of Use	Parking Ratio	# Spaces Req.	# Spaces Provided
Cannabis Microbusiness	1 space for every 500 SF	10	94
Total:			