



# PLANNING & DEVELOPMENT DEPARTMENT

## Medical Office In Residential Zone

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### A. How To File.

Please submit the application package with payment to the Planning Division at the Planning public counter, located at:

Corona City Hall  
Planning & Development Department  
400 S. Vicentia Avenue, Suite 120  
Corona, CA 92882

### B. Items Required For Filing.

The following items shall be included in the application package:

- ☐ 1. Completed Application Form (attached).
- ☐ 2. Processing fees of:
  - a. **\$1,473.00** – Staff Review Fee.
  - b. **\$67.00** – Scanning Fee.
  - c. **\$158.00** – Public Notice Fee.
  - d. **\$51.14** – County recordation fee for filing CEQA documents.
- ☐ 3. Environmental Review fees (to be determined by the Planning Division):
  - a. **Full Cost (Deposit Required)** – Preparation of a Negative Declaration or Mitigated Negative Declaration.
  - b. **\$336.00** – Preparation of a Notice of Exemption (applicable to Projects that are exempt from CEQA).
  - c. **Full Cost (Deposit Required)** – Preparation of an Environmental Impact Report.
  - d. **\$3,043.75** – CDFW CEQA Filing Fee for a Negative Declaration or Mitigated Negative Declaration.
  - e. **\$4,227.50** – CDFW CEQA Filing Fee for an EIR.  
(Notice: The CDFW CEQA filing fees are set by the California Department of Fish and Wildlife and are subject to change annually. The applicant shall pay the fee that is in effect at the time the City files this fee with the county.)
- ☐ 4. Ten (10) full size (24"x36") copies of each item listed under Item #3, drawn to scale (placed in sets and folded approximately 8.5"x14").
  - a. Site Plan (Site Plan shall include parking tabulations)
  - b. Floor Plan
- ☐ 5. Ten (10) copies of the items listed under #3 reduced to 11"x17" (placed in sets and folded in half).
- ☐ 6. A letter signed and dated by the applicant addressing how the request meets the granting criteria under CMC Section 17.98.100 (attached).
- ☐ 7. Proof of ownership (i.e.: latest Grant Deed).
- ☐ 8. Letter of authorization from the property owner if different than applicant.



- ☐ 9. Notice package which includes:
  - a. Separate lists of property owners' names, addresses and assessors parcel numbers within 500 feet of the project site, prepared and certified by a licensed Title Company or mapping company, prepared from the latest tax roll.
  - b. List of property occupants' addresses (when owner mailing address is different than the property address) and assessors parcel numbers for properties contiguous to the project site.
  - c. Assessor's maps (reduced to 8.5"x11") showing the project site and indicating the properties listed in the 500-foot radius.
  - d. Two sets of gummed mailing labels for 500-foot property owner list and property occupants addresses list (when owner-mailing address is different than property address).
- ☐ 9. Submit (1) USB flash drive containing the items required for filing this application in PDF format.

## **C. Notice to Applicant:**

1. This application is acted on by the Board of Zoning Adjustment per Corona Municipal Code Chapter 17.98.
2. It is recommended that applicant, representative or property owner should be present at all hearings.
3. All correspondence and reports will be mailed to the applicant as listed on the application form only.

## **D. Attachments:**

1. CMC Section 17.98.100
2. Application Form

Revised: 1/2026



## **CMC Chapter 17.98 Board of Zoning Adjustment and Special Use Permit**

### **17.98.100 Day medical offices/clinics.**

The Board shall hear and decide applications for the establishment of day medical offices/clinics as provided in § [17.73.010](#). The following findings must be made by the Board before a day medical office/clinic can be granted:

(A) The entire site has adequate parking as determined by the Municipal Code. The office/clinic shall provide on-site parking per the Commercial and Business Building requirements in § [17.76.030](#);

(B) Evidence has been produced that shows the intended office/clinic use will not unreasonably restrict or interfere with the existing residential uses and result in a lessening of traffic safety on streets adjacent to the site;

(C) The establishment of the day medical office/clinic will not be detrimental to the health, safety and general welfare of the public and will be in harmony with the various elements, goals and objectives of the General Plan.



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## PLANNING DIVISION MASTER APPLICATION FORM

### 1. General Project Description:

Project Location (General) \_\_\_\_\_

Project Address or APN: \_\_\_\_\_

General Description of Proposed Project: \_\_\_\_\_

### 2. Applicant Information:

Firm/Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's interest in property: ☐ Own ☐ Rent ☐ Other: \_\_\_\_\_

| Staff Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date Stamp Received:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Counter Planner Initials:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Case Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Agricultural Preserve Cancellation<br><input type="checkbox"/> Alcohol Beverage Permit<br><input type="checkbox"/> Amended Final Map<br><input type="checkbox"/> Ancillary Smoking Lounge Permit<br><input type="checkbox"/> Annexation<br><input type="checkbox"/> Architectural Review<br><input type="checkbox"/> Building Relocation<br><input type="checkbox"/> Certificate of Compliance<br><input type="checkbox"/> Change of Zone<br><input type="checkbox"/> Community Facilities Plan Amendment<br><input type="checkbox"/> Conditional Use Permit: (select one)<br><input type="checkbox"/> Major CUP<br><input type="checkbox"/> Minor CUP<br><input type="checkbox"/> Major Modification to CUP<br><input type="checkbox"/> Minor Modification to CUP<br><input type="checkbox"/> Extension of Time for CUP<br>Existing CUP Number: _____<br><input type="checkbox"/> Cul-de-sac Waiver<br><input type="checkbox"/> Density Bonus Agreement<br><input type="checkbox"/> Development Agreement<br><input type="checkbox"/> General Plan Amendment<br><input type="checkbox"/> Low Barrier Navigation Center<br><input type="checkbox"/> Medical Office in a Residential Zone<br><input type="checkbox"/> Model Home Permit<br><input type="checkbox"/> Noise Variance | <input type="checkbox"/> Non-Conforming Building Uses<br><input type="checkbox"/> Parcel Map: (Select one)<br><input type="checkbox"/> New – PM<br><input type="checkbox"/> Resubmitted – PM<br><input type="checkbox"/> Waiver<br><input type="checkbox"/> Extension of Time – PM<br>Existing Parcel Map Number: _____<br><input type="checkbox"/> Parking Determination<br><input type="checkbox"/> Precise Plan Review: (Select one)<br><input type="checkbox"/> New<br><input type="checkbox"/> Major Modification to PP<br><input type="checkbox"/> Minor Modification to PP<br><input type="checkbox"/> Extension of Time for PP<br>Existing Precise Plan Number: _____<br><input type="checkbox"/> Similar Use Finding<br><input type="checkbox"/> Specific Plan: (select one)<br><input type="checkbox"/> New<br><input type="checkbox"/> Major Amendment<br><input type="checkbox"/> Minor Amendment<br><input type="checkbox"/> Sphere of Influence Amendment<br><input type="checkbox"/> Substantial Conformance<br><input type="checkbox"/> Surface Mine: (Select one)<br><input type="checkbox"/> Permit<br><input type="checkbox"/> Annual Inspection | <input type="checkbox"/> Telecommunications Facility: (select one)<br><input type="checkbox"/> Major Telecomm. Facility<br><input type="checkbox"/> Minor Telecomm. Facility<br><input type="checkbox"/> Zoning Administrator Facility<br><input type="checkbox"/> Small Cell Facility<br><input type="checkbox"/> Modification to existing Facility<br><input type="checkbox"/> Tentative Tract Map: (select one)<br><input type="checkbox"/> New – TTM<br><input type="checkbox"/> Rephasing – TTM<br><input type="checkbox"/> Resubmitted – TTM<br><input type="checkbox"/> Extension of Time – TTM<br>Existing TTM Number: _____<br><input type="checkbox"/> Variance: (Select one from below)<br><input type="checkbox"/> Major<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Waiver or Modification of Subdivision Standards<br><input type="checkbox"/> Zoning Administrator Review<br><input type="checkbox"/> Other _____ |



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## 3. Owner Information (if different from above):

Owner Name:\_\_\_\_\_

Contact name:\_\_\_\_\_

Address/City/State/Zip Code:\_\_\_\_\_

Phone Number:\_\_\_\_\_ Email:\_\_\_\_\_

## 4. Architect Information:

Architecture Firm:\_\_\_\_\_

Contact Name:\_\_\_\_\_

Address/City/State/Zip Code:\_\_\_\_\_

Phone Number:\_\_\_\_\_ Email:\_\_\_\_\_

## 5. Engineer Information:

Engineering Firm:\_\_\_\_\_

Contact Name:\_\_\_\_\_

Address/City/State/Zip Code:\_\_\_\_\_

Phone Number:\_\_\_\_\_ Email:\_\_\_\_\_

## 6. Subject Property Information (all types):

Assessor's Parcel #:\_\_\_\_\_ Total Acreage:\_\_\_\_\_

Assessor's Parcel #:\_\_\_\_\_ Total Acreage:\_\_\_\_\_

Assessor's Parcel #:\_\_\_\_\_ Total Acreage:\_\_\_\_\_

Assessor's Parcel #:\_\_\_\_\_ Total Acreage:\_\_\_\_\_

General Plan Designation:\_\_\_\_\_ Zone Designation:\_\_\_\_\_

Specific Plan Designation (if applicable):\_\_\_\_\_

Master Planned Community/Development Agreement (if applicable):

WQMP Required? ☐ Yes ☐ No Annex into CFD or LMD? ☐ Yes ☐ No

Current Land Use:\_\_\_\_\_ Proposed Land Use:\_\_\_\_\_

Grading Requirements (CYD's): Cut:\_\_\_\_\_ Fill:\_\_\_\_\_ Overex:\_\_\_\_\_



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## 7. Proposed Project

Type of use proposed: ☐ Residential ☐ Commercial ☐ Industrial ☐ Other: \_\_\_\_\_

## 8. Non-residential Project Summary

Gross floor area: \_\_\_\_\_ Proposed: \_\_\_\_\_ Existing: \_\_\_\_\_ Building Height: \_\_\_\_\_

Type of construction per California Building Code: \_\_\_\_\_

Occupancy: \_\_\_\_\_

| Bldg | Bldg 1 | Bldg 2 | Bldg 3 | Bldg 4 | Bldg 5 | Bldg 6 | Bldg 7 | Bldg 8 | Bldg 9 | Bldg 10 |
|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| GFA  |        |        |        |        |        |        |        |        |        |         |
| FA   |        |        |        |        |        |        |        |        |        |         |

GFA = Gross Floor Area FA = Footprint Area

# students/children (if applicable): \_\_\_\_\_ Seating capacity (if applicable): \_\_\_\_\_

# Fueling Stations (if applicable): \_\_\_\_\_

Landscape Coverage (% of Lot): \_\_\_\_\_ Building Coverage (% of Lot): \_\_\_\_\_ F.A.R.: \_\_\_\_\_

## 9. Residential Project

Name of Project: \_\_\_\_\_

Type of dwelling unit (SFR, MFR, etc): \_\_\_\_\_

| Dwelling Units:   | Proposed | Existing | Density (DU/acre):                   |
|-------------------|----------|----------|--------------------------------------|
| 1 Bedroom         | _____    | _____    | Maximum building height: _____       |
| 2 Bedroom         | _____    | _____    | Minimum lot size: _____              |
| 3 Bedroom         | _____    | _____    | Average lot size: _____              |
| 4 or more Bedroom | _____    | _____    | Landscape Coverage (% of Lot): _____ |
| Total             | _____    | _____    | Building Coverage (% of Lot): _____  |

Open Space Description:

☐ Private: \_\_\_\_\_ ☐ Common: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Total square footage of:

Common Open Space \_\_\_\_\_ Private Open Space \_\_\_\_\_

**Affordable Housing Incentives, Waivers, Concessions and Parking Reductions** – Will the project proponent seek Density Bonus incentives, waivers, concessions, or parking reductions pursuant to California Government Code Section 65915?

☐ Yes

☐ No

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**Residential Dwelling Unit Count:** Please indicate the number of dwelling units proposed, including a breakdown of levels by affordability, set by each income category.

|                                  | Number of Units |
|----------------------------------|-----------------|
| Market Rate                      |                 |
| Managers Unit(s) – Market Rate   |                 |
| Extremely Low Income             |                 |
| Very Low Income                  |                 |
| Low Income                       |                 |
| Moderate Income                  |                 |
| Total No. of Units               |                 |
| Total No. of Affordable Units    |                 |
| Total No. of Density Bonus Units |                 |

**Existing Site Conditions** – Provide the number of existing residential units on the project site that will be demolished and whether each existing unit is occupied or unoccupied. Provide attachment, if needed.

|                  | Occupied Residential Units | Unoccupied Residential Units | Total Residential Units |
|------------------|----------------------------|------------------------------|-------------------------|
| Existing         |                            |                              |                         |
| To Be Demolished |                            |                              |                         |

## 10. Parking (all projects)

|                           | # of Spaces Required<br>By CMC § 17.76.030 | Provided # of Spaces |
|---------------------------|--------------------------------------------|----------------------|
| Open Spaces:              |                                            |                      |
| Carports:                 |                                            |                      |
| Garages:                  |                                            |                      |
| Parking Structure Stalls: |                                            |                      |
| <b>Total:</b>             |                                            |                      |



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## 11. Notice of Complete/Incomplete Applications

The approval of a development proposal requires the review of plans and technical documents. By signing below the applicant is acknowledging that a development application will be deemed incomplete if it does not include all required plans and technical documents, or includes plans and technical documents that are inaccurate or insufficient. By signing below the applicant also acknowledges that incomplete development applications will not be scheduled for public hearing until which time City staff has received and reviewed all required documents.

## 12. Authorization & Indemnification

To the fullest extent permitted by law, the applicant shall defend, indemnify and hold the City of Corona and its directors, officials, officers, employees, volunteers and agents free and harmless from any and all claims, demands, causes of action, proceedings, costs, expenses, liabilities, losses, damages or injuries of any kind, in law or equity, in any manner arising out of, pertaining to, or incident to any attack against or attempt to challenge, set aside, void or annul any approval, decision or other action of the City of Corona, whether such approval, decision or other action was by its City Council, Planning and Housing Commission or other board, director, official, officer, employee, volunteer or agent. To the extent that Government Code Section 66474.9 applies, the City will promptly notify the applicant of any claim, action or proceeding made known to the City to which Government Code Section 66474.9 applies and the City will fully cooperate in the defense. The Applicant's obligations hereunder shall include, without limitation, the payment of any and all damages, consultant and expert fees, and attorney's fees and other related costs and expenses. The City shall have the right to retain such legal counsel as the City deems necessary and appropriate. Nothing herein shall be construed to require City to defend any attack against or attempt to challenge, set aside, void or annul any such City approval, decision or other action. If at any time Applicant chooses not to defend (or continue to defend) any attack against or attempt to challenge, set aside, void or annul any such City approval, decision or other action, the City may choose, in its sole discretion, to defend or not defend any such action. In the event that the City decides not to defend or continue the defense, Applicant shall be obligated to reimburse City for any and all costs, fees, penalties or damages associated with dismissing the action or proceeding. If at any time both the Applicant and the City choose not to defend (or continue to defend) any action noted herein, all subject City approvals, decisions or other actions shall be null and void. The Applicant shall be required to enter into any reimbursement agreement deemed necessary by the City to effectuate the terms of this condition.

Print Applicant name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Property Owner name: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to all applicants:** Separate written authorization from property owner shall be submitted if this form is not signed by the property owner.