



**REQUEST FOR PRELIMINARY SITE REVIEW
 FOR VOLUNTARY REMEDIAL ACTION AGREEMENT PROGRAM (VRAP)**

The Responsible Party identified below hereby requests that the Alameda County Department of Environmental Health (ACDEH) provide preliminary site review to make a determination as to whether a VRAP case will be required to be open for the site identified below.

Date of Request: 5/20/16

SITE INFORMATION		
Site Address: <u>1233 BOCKMAN RD, SAN LORENZO</u>	Site APN:	
Approximate Size of Site: <u>3.8 acs</u>	Current Land Use: <u>Vacant</u>	
City: <u>SAN LORENZO</u>	State: <u>CA</u>	ZIP Code: <u>94580</u>
Type and Extent of Contamination: <i>Identify history of site, substances found at site, and reason site is eligible for the Voluntary Remedial Action Program.</i> <u>Past Use: Retail Strip Center & Automotive Repair</u>		
<u>No impacts identified</u>		
Planned Redevelopment: <i>Provide brief description of type of planned redevelopment.</i> <u>Multi-family residential</u>		
RESPONSIBLE PARTY ENTERING AGREEMENT		
Name: <u>SAN LORENZO PES, LLC</u>	Type of Entity: <i>Individual, Corporation, Trust, etc.</i>	
Contact Name: <u>ANDREW LAVIAX</u>	Phone: <u>310.463.8211</u>	
Current address: <u>100 ST. PAUL ST. #300</u>	Email: <u>ANDREW.LAVIAX@PAULSCOR.COM</u>	
City: <u>DENVER</u>	State: <u>CO</u>	ZIP Code: <u>80206</u>
Relationship to Property/ Authority: <i>Describe the basis of your authority to request assistance and enter into the agreement.</i> <u>AUTHORIZED SIGNATORY</u>		
CURRENT PROPERTY OWNER		
Name: <u>SAN LORENZO PES, LLC</u>	Type of Entity: <i>Individual, Corporation, Trust, etc.</i>	
Current Address: <u>100 ST. PAUL ST. #300</u>	E-mail: <u>SAME</u>	
City: <u>DENVER</u>	State: <u>CO</u>	ZIP Code: <u>80206</u>

The Responsible Party shall submit to ACDEH all background information, environmental assessment reports (including Phase I Environmental Assessment Reports), analytical results, and if redevelopment is proposed, include any info available on development project (conceptual plans, planning documents, etc). All available information is to be provided to ACDEH by the Responsible Party within 5 working days of any request.

By signing below, Responsible Party represents that they have the authority to make this request.

Responsible Party Signature 