



PROJECT REVIEW REFERRAL

Please provide comments by: October 1, 2025

The City of Ukiah Community Development Department is soliciting input on the project described below for use in staff analysis, CEQA compliance, and public hearing documents. Please identify any questions you have or missing information needed, as well as any suggested Conditions of Approval.

| TO: | |
|-------------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> | City of Ukiah, Community Development Director |
| <input checked="" type="checkbox"/> | City of Ukiah, Building Inspection Division |
| <input checked="" type="checkbox"/> | City of Ukiah, Fire Prevention Division |
| <input checked="" type="checkbox"/> | City of Ukiah, Electric Utility, Department |
| <input checked="" type="checkbox"/> | City of Ukiah, Public Works Department |
| <input checked="" type="checkbox"/> | Great Redwood Trail Agency (GRTA) |
| <input checked="" type="checkbox"/> | Mendocino County, Airport Land Use Committee |
| <input checked="" type="checkbox"/> | Mendocino County Air Quality Management District |
| <input checked="" type="checkbox"/> | Ukiah Police Department |
| <input checked="" type="checkbox"/> | City of Ukiah, Code Enforcement Division |
| <input checked="" type="checkbox"/> | Ukiah Valley Fire Authority |
| <input checked="" type="checkbox"/> | City of Ukiah, City Manager's Office |
| <input checked="" type="checkbox"/> | Ukiah Airport Manager |
| <input checked="" type="checkbox"/> | City of Ukiah, Community Services Department |

PROJECT INFORMATION:

| | |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Project Name & Permit #: | MCHC Urgent Care & Administration Building – Major Use Permit; Site Development Permit & Lot Merger #PA25-000019 |
| Site Address & APN: | 1240 Airport Park Blvd Ukiah, CA, 95482, CA; APNs (180-080-74 & 180-080-75) |
| General Plan: | “AIP-PD” Mixed-Use Airport Industrial Park – Planned Development |
| Zoning: | “Light Manufacturing/Mixed-Use” |
| Airport Compatibility Zone: | “Zones 5 & 6” |
| Date Filed: | 09.05.2025 |
| Resubmittal: | N/A |
| Date Referred: | 09.05.2025 |
| Prev. Projects or Business | United Disaster Relief of Northern California; Mendocino Animal Hospital |
| Applicant/Agent Name: | Mendocino Community Health Clinics (MCHC) / Kile Campbell (Associate HY Architects) |
| Phone: | 530-758-1270 |
| Email: | TWilliams@mchcinc.org |
| Project Website: | https://cityofukiah.com/ceqa-review/ |

Project Summary: Mendocino Community Health Clinic (MCHC) proposes to convert the existing ±7,12 square-foot structure at 1240 Airport Park Boulevard into an ‘Urgent Care and Administrative Office’. The project includes a ‘Lot Merger’ to combine two parcels (APNs 180-080-74 and 180-080-75) into one legal lot. The remodeled ground floor will accommodate an urgent care clinic with seven exam rooms, imaging services, and support areas designed to meet OSHPD outpatient clinic requirements. A mezzanine second floor, constructed within the existing structural shell, will provide administrative offices, staff support areas, and a conference room. The completed building will total approximately 14,144 square feet of floor area (±7,186 sq. ft. on the first floor and ±6,958 sq. ft. on the second floor). To maintain the building’s current height, the Applicant proposes placing mechanical and selected electrical equipment in a secure exterior yard behind the building. Planned site improvements include a new public entrance from Airport Park Boulevard, upgraded pedestrian facilities, a staff entrance with an outdoor area, reconfigured parking with a designated patient loading zone, and landscaping that preserves existing trees and integrates the parcel with adjacent commercial properties. MCHC also requests a connection to the Great Redwood Trail and approval for reduced off-street parking, consistent with Airport Industrial Park Planned Development regulations.



Please indicate whether you have comments on the associated referral packet. Be sure to sign and date below. Return this Project Referral Form by the date noted above to the Project Planner.

Name and Affiliation/Department (Please Print): _____

No Comment
 Comments / Conditions of Approval Attached

Signature:

Date