

Notice of Completion & Environmental Document Transmittal

Mail to: State Clearinghouse, P.O. Box 3044, Sacramento, CA 95812-3044 (916) 445-0613
 For Hand Delivery/Street Address: 1400 Tenth Street, Sacramento, CA 95814

SCH #

Project Title: _____
 Lead Agency: _____ Contact Person: _____
 Mailing Address: _____ Phone: _____
 City: _____ Zip: _____ County: _____

Project Location: County: _____ City/Nearest Community: _____
 Cross Streets: _____ Zip Code: _____
 Longitude/Latitude (degrees, minutes and seconds): _____° _____' _____" N / _____° _____' _____" W Total Acres: _____
 Assessor's Parcel No.: _____ Section: _____ Twp.: _____ Range: _____ Base: _____
 Within 2 Miles: State Hwy #: _____ Waterways: _____
 Airports: _____ Railways: _____ Schools: _____

Document Type:

CEQA: NOP Draft EIR NEPA: NOI Other: Joint Document
 Early Cons Supplement/Subsequent EIR EA Final Document
 Neg Dec (Prior SCH No.) _____ Draft EIS Other: _____
 Mit Neg Dec Other: _____ FONSI

Governor's Office of Planning & Research

Local Action Type:

General Plan Update Specific Plan Rezone Annexation
 General Plan Amendment Master Plan Prezone Redevelopment
 General Plan Element Planned Unit Development Use Permit Coastal Permit
 Community Plan Site Plan Land Division (Subdivision, etc.) Other: _____

Jul 07 2020

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Development Type:

Residential: Units _____ Acres _____
 Office: Sq.ft. _____ Acres _____ Employees _____
 Commercial: Sq.ft. _____ Acres _____ Employees _____
 Industrial: Sq.ft. _____ Acres _____ Employees _____
 Educational: _____
 Recreational: _____
 Water Facilities: Type _____ MGD _____
 Transportation: Type _____
 Mining: Mineral _____
 Power: Type _____ MW _____
 Waste Treatment: Type _____ MGD _____
 Hazardous Waste: Type _____
 Other: _____

Project Issues Discussed in Document:

<input type="checkbox"/> Aesthetic/Visual	<input type="checkbox"/> Fiscal	<input type="checkbox"/> Recreation/Parks	<input type="checkbox"/> Vegetation
<input type="checkbox"/> Agricultural Land	<input type="checkbox"/> Flood Plain/Flooding	<input type="checkbox"/> Schools/Universities	<input type="checkbox"/> Water Quality
<input type="checkbox"/> Air Quality	<input type="checkbox"/> Forest Land/Fire Hazard	<input type="checkbox"/> Septic Systems	<input type="checkbox"/> Water Supply/Groundwater
<input type="checkbox"/> Archeological/Historical	<input type="checkbox"/> Geologic/Seismic	<input type="checkbox"/> Sewer Capacity	<input type="checkbox"/> Wetland/Riparian
<input type="checkbox"/> Biological Resources	<input type="checkbox"/> Minerals	<input type="checkbox"/> Soil Erosion/Compaction/Grading	<input type="checkbox"/> Growth Inducement
<input type="checkbox"/> Coastal Zone	<input type="checkbox"/> Noise	<input type="checkbox"/> Solid Waste	<input type="checkbox"/> Land Use
<input type="checkbox"/> Drainage/Absorption	<input type="checkbox"/> Population/Housing Balance	<input type="checkbox"/> Toxic/Hazardous	<input type="checkbox"/> Cumulative Effects
<input type="checkbox"/> Economic/Jobs	<input type="checkbox"/> Public Services/Facilities	<input type="checkbox"/> Traffic/Circulation	<input type="checkbox"/> Other: _____

Present Land Use/Zoning/General Plan Designation:

Project Description: (please use a separate page if necessary)

Note: The State Clearinghouse will assign identification numbers for all new projects. If a SCH number already exists for a project (e.g. Notice of Preparation or previous draft document) please fill in.

Reviewing Agencies Checklist

Lead Agencies may recommend State Clearinghouse distribution by marking agencies below with an "X".
If you have already sent your document to the agency please denote that with an "S".

<input type="checkbox"/> Air Resources Board	<input type="checkbox"/> Office of Historic Preservation
<input type="checkbox"/> Boating & Waterways, Department of	<input type="checkbox"/> Office of Public School Construction
<input type="checkbox"/> California Emergency Management Agency	<input type="checkbox"/> Parks & Recreation, Department of
<input type="checkbox"/> California Highway Patrol	<input type="checkbox"/> Pesticide Regulation, Department of
<input type="checkbox"/> Caltrans District # _____	<input type="checkbox"/> Public Utilities Commission
<input type="checkbox"/> Caltrans Division of Aeronautics	<input type="checkbox"/> Regional WQCB # _____
<input type="checkbox"/> Caltrans Planning	<input type="checkbox"/> Resources Agency
<input type="checkbox"/> Central Valley Flood Protection Board	<input type="checkbox"/> Resources Recycling and Recovery, Department of
<input type="checkbox"/> Coachella Valley Mtns. Conservancy	<input type="checkbox"/> S.F. Bay Conservation & Development Comm.
<input type="checkbox"/> Coastal Commission	<input type="checkbox"/> San Gabriel & Lower L.A. Rivers & Mtns. Conservancy
<input type="checkbox"/> Colorado River Board	<input type="checkbox"/> San Joaquin River Conservancy
<input type="checkbox"/> Conservation, Department of	<input type="checkbox"/> Santa Monica Mtns. Conservancy
<input type="checkbox"/> Corrections, Department of	<input type="checkbox"/> State Lands Commission
<input type="checkbox"/> Delta Protection Commission	<input type="checkbox"/> SWRCB: Clean Water Grants
<input type="checkbox"/> Education, Department of	<input type="checkbox"/> SWRCB: Water Quality
<input type="checkbox"/> Energy Commission	<input type="checkbox"/> SWRCB: Water Rights
<input type="checkbox"/> Fish & Game Region # _____	<input type="checkbox"/> Tahoe Regional Planning Agency
<input type="checkbox"/> Food & Agriculture, Department of	<input type="checkbox"/> Toxic Substances Control, Department of
<input type="checkbox"/> Forestry and Fire Protection, Department of	<input type="checkbox"/> Water Resources, Department of
<input type="checkbox"/> General Services, Department of	
<input type="checkbox"/> Health Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Housing & Community Development	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Native American Heritage Commission	

Local Public Review Period (to be filled in by lead agency)

Starting Date _____ Ending Date _____

Lead Agency (Complete if applicable):

Consulting Firm: _____	Applicant: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Contact: _____	Phone: _____
Phone: _____	

Signature of Lead Agency Representative:  Date: _____

Authority cited: Section 21083, Public Resources Code. Reference: Section 21161, Public Resources Code.