

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: AuerbachLead Agency: Monterey County Resource Management Agency (RMA)Contact Person: Joseph SidorMailing Address: 1441 Schilling Place South, 2nd FloorPhone: (831) 755-5262City: SalinasZip: 93901County: Monterey**Project Location:** County: Monterey City/Nearest Community: City of Carmel-by-the-SeaCross Streets: Riley Ranch Road Zip Code: 93923

Longitude/Latitude (degrees, minutes and seconds): _____ ° _____ ' _____ " N / _____ ° _____ ' _____ " W Total Acres: _____

Assessor's Parcel No.: 416-011-004-000

Section: _____ Twp.: _____ Range: _____ Base: _____

Within 2 Miles: State Hwy #: 1Waterways: Pacific Ocean; Gibson Creek; Wildcat CreekAirports: NoneRailways: NoneSchools: None**Document Type:**CEQA: NOP Draft EIRNEPA: NOIOther: Joint Document Early Cons Supplement/Subsequent EIR EA Final Document Neg Dec

(Prior SCH No.) _____

 Draft EIS Other: _____ Mit Neg Dec

Other: _____

 FONSI**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: _____**Development Type:** Residential: Units 1 Acres 37.65 Office: Sq.ft. _____ Acres _____ Employees _____ Transportation: Type _____ Commercial: Sq.ft. _____ Acres _____ Employees _____ Mining: Mineral _____ Industrial: Sq.ft. _____ Acres _____ Employees _____ Power: Type _____ MW _____ Educational: _____ Waste Treatment: Type _____ MGD _____ Recreational: _____ Hazardous Waste: Type _____ Water Facilities: Type _____ MGD _____ Other: Installation of Fiber Optic Cable**Project Issues Discussed in Document:** Aesthetic/Visual Fiscal Recreation/Parks Vegetation Agricultural Land Flood Plain/Flooding Schools/Universities Water Quality Air Quality Forest Land/Fire Hazard Septic Systems Water Supply/Groundwater Archeological/Historical Geologic/Seismic Sewer Capacity Wetland/Riparian Biological Resources Minerals Soil Erosion/Compaction/Grading Growth Inducement Coastal Zone Noise Solid Waste Land Use Drainage/Absorption Population/Housing Balance Toxic/Hazardous Cumulative Effects Economic/Jobs Public Services/Facilities Traffic/Circulation Other: _____**Present Land Use/Zoning/General Plan Designation:**Watershed and Scenic Conservation, 40-acre minimum, Design Control Overlay (Coastal Zone) [WSC/40-D (CZ)]**Project Description:** (please use a separate page if necessary)

Combined Development Permit consisting of a Coastal Administrative Permit and Design Approval to allow construction of a 5,588 square foot three-story single-family dwelling with an attached 564 square foot garage, including installation of an on-site wastewater treatment system, installation of a 2,000 square foot ground-mounted photovoltaic system, and conversion of a test well to a permanent domestic well; Coastal Administrative Permit and Design Approval to allow construction of a 425 square foot detached guesthouse; Coastal Development Permits to allow removal of six trees, development on slopes exceeding 30 percent, and after-the-fact development within 100 feet of environmentally sensitive habitat area.

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 checked="" type="checkbox"/> Caltrans District # <u>5</u>	<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 checked="" 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 checked="" type="checkbox"/> Fish & Game Region # <u>4</u>	<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"/> Other: _____
<input type="checkbox"/> Health Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Housing & Community Development	
<input checked="" type="checkbox"/> Native American Heritage Commission	

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

Starting Date August 6, 2020 Ending Date September 8, 2020

Lead Agency (Complete if applicable):

Consulting Firm: <u>Rincon Consulting, Inc.</u>	Applicant: _____
Address: <u>437 Figueroa Street, Suite 203</u>	Address: _____
City/State/Zip: <u>Monterey, CA 93940</u>	City/State/Zip: _____
Contact: <u>Megan Jones</u>	Phone: _____
Phone: <u>(831) 333-0310</u>	

Signature of Lead Agency Representative:  Date: 08/05/2020

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