

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: Mata

Lead Agency: Monterey County Resource Management Agency Contact Person: Son Pham-Gallardo
 Mailing Address: 1441 Schilling Place, 2nd Floor Phone: 831-755-5226
 City: Salinas Zip: 93901 County: Monterey

Project Location: County: Monterey City/Nearest Community: Pebble Beach

Cross Streets: El Bosque Drive Zip Code: 93953

Longitude/Latitude (degrees, minutes and seconds): 38 ° 49 ' 50.37" N / 121 ° 15 ' 14.58" W Total Acres: 0.37

Assessor's Parcel No.: 008-091-005-000 Section: _____ Twp.: _____ Range: _____ Base: _____

Within 2 Miles: State Hwy #: Highway 68 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: _____

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: Design Approval

Development Type:

Residential: Units 1 Acres 0.37
 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: _____

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:

Residential - Medium Density

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

The proposed project would require a Combined Development Permit consisting of:

- 1) Coastal Administrative Permit and Design Approval to allow construction of a 4,208 sf two-story residence with attached 900 sf garage, first floor terrace, second floor terrace, and covered porch;
- 2) Coastal Development Permit to allow development on slopes in excess of 30%;
- 3) Coastal Development Permit to allow removal of 18 trees (Monterey pine); and
- 4) Coastal Development Permit to allow 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 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 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 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"/> 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 October 8, 2020 Ending Date November 9, 2020

Lead Agency (Complete if applicable):

Consulting Firm: _____	Applicant: <u>Henry Mata</u>
Address: _____	Address: <u>998 N TEMPERANCE AVE</u>
City/State/Zip: _____	City/State/Zip: <u>CLOVIS CA 93611</u>
Contact: _____	Phone: <u>(559) 323-9595</u>
Phone: _____	

Signature of Lead Agency Representative:  _____ Date: 10/7/20

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