

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: Perris Regional Compassionate Center Indoor Cultivation and Distribution ProjectLead Agency: City of perrisContact Person: Mary BlaisMailing Address: City of Perris Planning Division 135 North "D" Street

Phone: _____

City: PerrisZip: 92570County: Riverside**Project Location:** County: Riverside City/Nearest Community: PerrisCross Streets: Malbert StreetZip Code: 92570Longitude/Latitude (degrees, minutes and seconds): 33 ° 46 ' 1.78 " N / 117 ° 13 ' 45.72" W Total Acres: 2.61Assessor's Parcel No.: 330-040-062Section: S6Twp.: T5SRange: R3W

Base: _____

Within 2 Miles: State Hwy #: I-215Waterways: 0Airports: Perris Valley AirportRailways: 2Schools: 5**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 _____ Acres _____

Acres _____

 Office: Sq.ft. _____ Acres _____

Employees _____

 Transportation: Type _____ Commercial: Sq.ft. 3000 Acres _____

Employees _____

 Mining: Mineral _____ Industrial: Sq.ft. 30000 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:**

General Industrial

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

The project proposes to construct a facility for the indoor cultivation and distribution of medical marijuana on approximately 2.61 gross acres of land located on Malbert Street in Perris, CA. The proposed cultivation facility consists of three buildings with an estimated 3,000 S.F. retail/office space, and two estimated 15,003 S.F. climate controlled indoor cultivation areas. The three buildings have a total estimate of 33,006 S.F. and the proposed project site is currently vacant.

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 checked="" 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 checked="" type="checkbox"/> Other: <u>California Department of Fish and Wildlife</u>
<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 11/04/2020 Ending Date 12/03/2020

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: 11/3/20

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