

APR 30 2025

DONNA ALLRED, CLERK/RECORDER  
BY MS DEPUTY

**NOTICE OF DETERMINATION**

**To:** X Office of Planning and Research  
1400 10th Street, Room 222  
Sacramento, CA 95814

**From:** City of Sacramento  
Community Development Dept.  
300 Richards Blvd, 3<sup>rd</sup> Floor  
Sacramento, CA 95811

X County Clerk  
County of Sacramento

**Subject: Filing of Notice of Determination in compliance with Public Resources Code section 21152.**

**Project Title: UC Davis California Hospital Tower Heliport (M25-007)**

2021020515	City of Sacramento	Scott Johnson	(916) 808-5842 / <a href="mailto:srjohnson@cityofsacramento.org">srjohnson@cityofsacramento.org</a>
<b>State Clearinghouse #</b>	<b>Responsible Agency</b>	<b>Contact Person</b>	<b>Telephone / Email</b>
	UC Davis Health, Matt Dulcich, AICP, Dir. of Facilities Planning	4800 Second Ave, Ste 3010 Sacramento, CA 95817	(503) 304-3898/ <a href="mailto:medulcich@ucdavis.edu">medulcich@ucdavis.edu</a>
	<b>Applicant Name</b>	<b>Address</b>	<b>Telephone / Email</b>

**Project Location (include county):** The UC Davis Sacramento Campus is located off U.S. 50 near the Highway 99/Business 80 interchange in the City of Sacramento. The California Hospital Tower Project is located on the UC Davis Campus Sacramento Campus, along Stockton Boulevard.

**Project Description:** City of Sacramento approval of two new rooftop helipads associated with the UC Davis Medical Center, California Hospital Tower Project. The California Hospital Tower Project consists of a 14-story, 900,000 square hospital tower.

**This is to advise that the City of Sacramento, City Council  approved the above-described project on April 29, 2025, and made the following determination regarding the project:**

1. The project will  will not  have a significant effect on the environment. Additionally, the project will not have any impacts within the jurisdiction of the City of Sacramento.
2.  An Environmental Impact Report was prepared for this project in accordance with CEQA (i.e., the UC EIR).
3. Mitigation Measures were /were not  made a condition of the approval of the by the City for the Heliport. Mitigation Measures were adopted by the University of California.
4.  A Statement of Overriding Considerations was adopted for this project.
5.  Findings were made pursuant to the provisions of CEQA.

**This is to certify that the final Environmental Impact Report with comments and responses and record of project approval is available at:** <https://environmentalplanning.ucdavis.edu/california-tower> and UC Davis Office of Environmental Stewardship and Sustainability, 436 Mrak Hall, University of California, Davis, CA 95616, and at the UC Davis Health Center, Facilities Design and Construction, 4800 Second Avenue, Suite 3010, Sacramento, 95817. Attn: Matt Dulcich, (530) 304-3898. **This is to certify that the record of City of Sacramento Heliport project approval is available at:** Office of the City Clerk, 915 I Street, Sacramento, CA 95814. Website: <http://www.cityofsacramento.org/Clerk/Services/Public-Records>

Scott Johnson Principal Planner April 30, 2025  
Signature (Lead Agency Contact) Title Date

Sacramento County  
Donna Allred, Clerk/Recorder  
(916) 874-6334

Receipt#: 001737337  
4/30/2025 11:54:39 AM  
Order#: 20250064859 MGS

Description	Amount
Clerk - CEQA Filing	\$50.00
Document 20250180	
Notice of Determination	
EIR Processing Fee	\$50.00

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Total Amount Due \$50.00  
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Payments:  
VitalChekPmt# 201033346 \$50.00  
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We Appreciate Your Business  
Have a Nice Day!  
Please keep for your reference



State of California - Department of Fish and Wildlife  
**2025 ENVIRONMENTAL DOCUMENT FILING FEE**  
**CASH RECEIPT**  
 DFW 753.5a (REV. 01/01/25) Previously DFG 753.5a

**Print**   **Start Over**   **Save**

RECEIPT NUMBER:  
 34 — 04/30/2025 — 163  
 STATE CLEARINGHOUSE NUMBER (if applicable)  
 2021020515

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY CITY OF SACRAMENTO COMMUNITY DEVELOPMENT DEPT.	LEAD AGENCY EMAIL	DATE 04/30/2025
COUNTY/STATE AGENCY OF FILING Sacramento	DOCUMENT NUMBER 2025-0180	

PROJECT TITLE

UC DAVIS CALIFORNIA HOSPITAL TOWER HELIPORT (M25-007)

PROJECT APPLICANT NAME UC DAVIS HEALTH, MATT DULCICH	PROJECT APPLICANT EMAIL MEDULCICH@UCDAVIS.EDU	PHONE NUMBER (503) 304-3898
PROJECT APPLICANT ADDRESS 4800 SECOND AVE, STE 3010	CITY SACRAMENTO	STATE CA
		ZIP CODE 95817

PROJECT APPLICANT (Check appropriate box)

- Local Public Agency  
  School District  
  Other Special District  
  State Agency  
  Private Entity

CHECK APPLICABLE FEES:

- |   |            |    |       |
|---|------------|----|-------|
| <input type="checkbox"/> Environmental Impact Report (EIR)  | \$4,123.50 | \$ | 0.00  |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)   | \$2,968.75 | \$ | 0.00  |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW         | \$1,401.75 | \$ | 0.00  |
| <br>  |            |    |       |
| <input checked="" type="checkbox"/> Exempt from fee   |            |    |       |
| <input type="checkbox"/> Notice of Exemption (attach)   |            |    |       |
| <input type="checkbox"/> CDFW No Effect Determination (attach)  |            |    |       |
| <input checked="" type="checkbox"/> Fee previously paid (attach previously issued cash receipt copy)        |            |    |       |
| <hr/>   |            |    |       |
| <input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only) | \$850.00   | \$ | 0.00  |
| <input checked="" type="checkbox"/> County documentary handling fee   |            | \$ | 50.00 |
| <input type="checkbox"/> Other  |            | \$ |       |

PAYMENT METHOD:

- Cash  
  Credit  
  Check  
  Other

TOTAL RECEIVED \$ 50.00

SIGNATURE X	AGENCY OF FILING PRINTED NAME AND TITLE Sacramento County Clerk/Recorder-MONICA GALVAN-SIDHU-Deputy Clerk
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**To:**  Office of Planning and Research  
 PO Box 3044, 1400 Tenth Street, Room 133  
 Sacramento, CA 95812-3044

**From:** University of California  
 Physical & Environmental Planning  
 1111 Franklin Street, 6<sup>th</sup> Floor  
 Oakland, California 94607-5200

**Subject: Filing of Notice of Determination  
 in Compliance with Section 21108 or 21152 of the Public Resource Code.**

**State Clearinghouse Number:** 2021020515

**Project Title:** Advanced Work Phase of the California Hospital Tower Project

**Project Applicant:** University of California, Davis

**Parties Undertaking Project:** University of California, Davis

**Project Location:** University of California, Davis Sacramento Campus

**County:** Sacramento

**Project Description:** The proposed Advanced Work Phase (AWP) of the California Hospital Tower project includes critical infrastructure and support scope elements required in preparation for the construction of the new California Hospital Tower. The advanced work comprises utility relocation and essential renovation to the Emergency Department to accommodate the relocation of the public and ambulance entries. The Environmental Impact Report evaluates the entire aggregation of potential environmental impacts of the California Hospital Tower project and provides environmental impact analysis for distinct components of the project, including the Advanced Work Phase component. This Notice of Determination is to advise that the University of California  Lead Agency has approved the above-described project on *November 18, 2021* and has made the following determinations:

1. The project  will have a significant effect on the environment.
2.  An Environmental Impact Report was prepared for this project pursuant to the provisions of CEQA.
3. Mitigation measures  were made a condition of the approval of the project.
4. A Mitigation Monitoring and Reporting Program  was adopted for this project.
5. A Statement of Overriding Considerations  was adopted for this project.
6. Findings  were made pursuant to the provisions of CEQA.

This is to certify that the final Environmental Impact Report with comments and responses and record of project approval is available at: <https://environmentalplanning.ucdavis.edu/california-tower> and UC Davis Office of Environmental Stewardship and Sustainability, 436 Mrak Hall, University of California, Davis, CA 95616, and at the UC Davis Health Center, Facilities Design and Construction, 4800 Second Avenue, Suite 3010, Sacramento, 95817. Attn: Matt Dulcich, (530) 304-3898.



**Signature:** \_\_\_\_\_

Brian Harrington

**Title:** Director, Physical and Environmental Planning

**Date:** *November 18, 2021*



State of California - Department of Fish and Wildlife  
**2021 ENVIRONMENTAL FILING FEE CASH RECEIPT**  
 DFW 753.5a (REV. 01/01/21) Previously DFG 753.5a

RECEIPT NUMBER:  
 59 — 11/18/2021 — 133  
 STATE CLEARINGHOUSE NUMBER (If applicable)  
 2021020515

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY University of California	LEAD AGENCY EMAIL Brian.Harrington@ucop.edu	DATE 11/18/2021
COUNTY/STATE AGENCY OF FILING OPR/SCH		DOCUMENT NUMBER

PROJECT TITLE

**Advanced Work Phase of the California Hospital Tower Project**

PROJECT APPLICANT NAME University of California - Brian Harrington	PROJECT APPLICANT EMAIL Brian.Harrington@ucop.edu	PHONE NUMBER (510) 587-6116
PROJECT APPLICANT ADDRESS 1111 Franklin Street	CITY Oakland	STATE CA
		ZIP CODE 94607

PROJECT APPLICANT (Check appropriate box)

- Local Public Agency    
  School District    
  Other Special District    
 State Agency    
 Private Entity


CHECK APPLICABLE FEES:

- |   |            |    |                 |
|---|------------|----|-----------------|
| <input checked="" type="checkbox"/> Environmental Impact Report (EIR)                               | \$3,445.25 | \$ | <u>3,445.25</u> |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)                                   | \$2,480.25 | \$ | <u>0.00</u>     |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,171.25 | \$ | <u>0.00</u>     |
| <br>  |            |    |                 |
| <input type="checkbox"/> Exempt from fee  |            |    |                 |
| <input type="checkbox"/> Notice of Exemption (attach)   |            |    |                 |
| <input type="checkbox"/> CDFW No Effect Determination (attach)                                      |            |    |                 |
| <input type="checkbox"/> Fee previously paid (attach previously issued cash receipt copy)           |            |    |                 |

- |   |          |    |                             |
|---|----------|----|-----------------------------|
| <input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only) | \$850.00 | \$ | <u>0.00</u>                 |
| <input type="checkbox"/> County documentary handling fee  |          | \$ | <u>                    </u> |
| <input type="checkbox"/> Other  |          | \$ | <u>                    </u> |

PAYMENT METHOD:

- Cash    
 Credit    
 Check    
 Other    
**TOTAL RECEIVED**    
**\$** 3,445.25

SIGNATURE  <small>Digitally signed by Mikayla Vaba        Date: 2021.11.18 16:03:12        -08'00'</small>	AGENCY OF FILING PRINTED NAME AND TITLE SCH
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