



Dean C. Logan, Registrar—Recorder/County Clerk

Notice of Determination	Electronically signed by MARIAH JOHNSON	Appendix D			
To: Office of Planning and Research U.S. Mail: Street Address: P.O. Box 3044 1400 Tenth St., Rm 113 Sacramento, CA 95812-3044 Sacramento, CA 95814 County Clerk County of: Los Angeles Address: 12400 Imperial Highway, Rm 1201 Norwalk, CA 90650	From: Public Agency: City of Baldwin Address: 14403 Pacific Avenue Baldwin Park, CA 91706 Contact: Ron Garcia Phone: (626) 813-5253 Lead Agency (if different from about Address: Contact: Phone:	C. C		UNTIL May 30 2023	
SUBJECT: Filing of Notice of Determination in compli		1		~	
Resources Code.		\searrow			
State Clearinghouse Number (if submitted to State Clearing)			٠		
Project Title: Kaiser Permanente Baldwin Park Emergency Departm	nent Expansion and Medical Office Buildin	g Project			
Project Applicant: Kaiser Foundation Hospital					
Project Location (include county): 1011 Baldwin Park Blvd, 1022	2 Leorita St, Baldwin Park, Los Angeles C	ounty, California			
Project Description:	·				
component is the construction of an expansion to the emergency department, whice Permanente campus. Expansion of the emergency department would add approxiously expand the number of existing treatment bays from 38 to 60, add a new ambulance emergency department. The second phase of the project would consist of the construction of the construction of the expand the boundary of the medical campus to include the west. Development of this site would require the demolition of an existing retail but approval of a tentative parcel map and design review. This is to advise that the City of Baldwin Park	mately 23,000 square feet to the existing emerge ee canopy, and include additional improvements struction and operation of an approximately 33, Broken Horn parcel currently adjacent to the m ildling. The project includes a conditional use pe	gency department, to the existing 000 square foot MOB, nedical campus to the nmit modification,			
(■ Lead Agency or ☐ Re	has appressible Agency)				
described project on 04/26/2023 and has made th (date) described project.					
1. The project [will will not] have a significant effect 2. An Environmental Impact Report was prepared for the A Negative Declaration was prepared for this project 3. Mitigation measures [were were not] made a cor 4. A mitigation reporting or monitoring plan [was was 4. A statement of Overriding Considerations [was 6. Findings [were were not] made pursuant to the propertions.	his project pursuant to the provisi t pursuant to the provisions of CE ndition of the approval of the projeas not] adopted for this project. was not] adopted for this project.	QA.			
o. Findings [were were not] made pursuant to the p	JUVISIUIS UI UEUA.				
This is to certify that the final EIR with comments and responderative Declaration, is available to the General Public at https://www.baldwinpark.com/online-documents/cemmunity-de	:				
	S Title: Director of		PONE	Gono	
Signature (Public Agency)		Commonly !		- //	
Date: 04/26/2023 Date Rece	ived for filing at OPR:				

Authority cited: Sections 21083, Public Resources Code. Reference Section 21000-21174, Public Resources Code.

Revised 2011

2023 ENVIRONMENTAL FILING FEE CASH RECEIPT

			202304281230013				
STATE C			STATE CLEA	LEARING HOUSE # (If applicable)			
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY 202303000							
LEAD AGENCY					DATE		
CITY OF BALDWIN PARK					04/28/2023	3	
COUNTY/STATE AGENCY OF FILING		DOCUMENT NUMBER					
LOS ANGELES		202309449	93				
PROJECT TITLE					M		
KAISER PERMANENTE BADWIN PARK EMERGENCY EXPAN: PROJECT	SION AND MEDICAL	OFFICE BUILD	NG				
PROJECT APPLICANT NAME					PHONE N	JMBER	
RON GARCIA							
ROJECT APPLICANT ADDRESS		CITY		STATE	ZIP CODE		
14403 PACIFIC AVENUE		BALDWIN PAF	kK	CA	91706		
PROJECT APPLICANT (Check appropriate box):							
✓ Local Public Agency ☐ School District ☐	Other Special District	ct State Agency Pr		☐ Private E	ntity		
CHECK APPLICABLE FEES:							
☐ Environmental Impact Report (EIR)				\$3,839.25	\$	0.00	
☐ Negative Declaration (ND)(MND)				\$2,764.00		0.00	
☐ Application Fee Water Diversion (State Water Resources C	ontrol Board Only)				\$	0.00	
☐ Projects Subject to Certified Regulatory Programs (CRP)	•				-	0.00	
✓ County Administrative Fee				. ,	\$	75.00	
_		•		\$50.00	\$	75.00	
Project that is exempt from fees							
☐ Notice of Exemption							
☐ CDFW No Effect Determination (Form Attached)							
Other					\$	0.00	
PAYMENT METHOD:							
☐ Cash ☐ Credit 📝 Check ☐	Other				\$	75.00	
VIECK _	Other						
SIGNATURE			TITL	E			
GIONATONE				<u>.</u>			
x ~ 2							

RECEIPT #