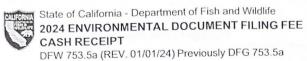
To:  Office of Planning and Resea	reh	From: Public Agency: City of Thousand Oaks		
U.S. Mail:	Street Address:	Address: 2100 Thousand Oaks Boulevard		
		Thousand Oaks, CA 91362		
P.O. Box 3044	1400 Tenth St., Rm 113	Contact: Scott Kolwitz, Senior Planner		
Sacramento, CA 95812-3044	Sacramento, CA 95814	Phone: (805) 449-2319		
<ul> <li>County Clerk</li> <li>County of: Ventura</li> <li>Address: 800 South Victoria</li> </ul>	ΑΔνοημο	Lead Agency (if different from above):		
Ventura, CA 93009	7 (Vende	Address:		
		Contact:Phone:		
Resources Code.		liance with Section 21108 or 21152 of the Public		
State Clearinghouse Number (i				
Project Title: Los Robles Com	prehensive Cancer Center	r / 355 W Janss Road General Plan Amendme		
Project Applicant: HCA Health				
Project Location (include coun	ty): 400 East Rolling Oaks	Drive and 355 West Janss Road, Thousand On		
Project Description:				
Drive as a comprehensive car for a General Plan Amendme	ncer center medical buildir nt and zone change at 355 om approval of the compre	nent of the 4.74-gross acre site off Rolling Oaksing (Cancer Center); and (2) a concurrent request 5 W Janss Road Site to ensure no net loss of hensive cancer center (Janss Road). Both		
This is to advise that the City	Council of the City of The (Lead Agency or F	has approved the above Responsible Agency)		
described project on $\frac{3/26/202}{(d)}$ described project.	and has made ate)	the following determinations regarding the above		
1. The project [ will will	not) have a significant effe	ect on the environment.		
2 An Environmental Impa	ct Report was prepared for	r this project pursuant to the provisions of CEQA.		
A Negative Declaration	was prepared for this proje	ect pursuant to the provisions of CEQA.		
3. Mitigation measures [ w	ere were not] made a c	condition of the approval of the project.		
A mitigation reporting or m	onitoring plan [ was	was not] adopted for this project.		
5. A statement of Overriding	Considerations [ was	was not] adopted for this project.		
6. Findings [■ were □ were	e not] made pursuant to the	e provisions of CEQA.		
This is to certify that the final negative Declaration, is avail	EIR with comments and real able to the General Public	esponses and record of project approval, or the at:		
Signature (Public Agency):	In Troles	Title: Senior Planner		
		ceived for filing at OPR:		
Date: 3/29/2024	Date Ne	ceived for filling at OFTI.		

No	otice of Determination	on	Appendix D
To:	: Office of Planning and Resear U.S. Mail:	Street Address: 1400 Tenth St., Rm 113	From: Public Agency:Address:
	P.O. Box 3044 Sacramento, CA 95812-3044		Contact:Phone:
	County Clerk County of:		Lead Agency (if different from above):
	Address:		Address:
			Contact:Phone:
	BJECT: Filing of Notice of L sources Code.	Determination in compli	ance with Section 21108 or 21152 of the Public
Sta	ate Clearinghouse Number (if	submitted to State Cleari	nghouse):
	oject Title:		
Pro	ect Description:		
Thi	s is to advise that the(	☐ Lead Agency or ☐ Re	has approved the above esponsible Agency)
	scribed project on(date scribed project.		e following determinations regarding the above
1. 7 2. [ 3. M 4. A 5. A 6. F	The project [ will will will not will make an Environmental Impact F A Negative Declaration way Mitigation measures [ were A mitigation reporting or monit A statement of Overriding Corfindings [ were were not were were not were make)	Report was prepared for to see prepared for this project were not] made a contoring plan [ was was derations [ was to the part with comments and respect to the part with comments and respect was with comments and respect to the part with comments and respect with second to the part with comments and respect to the part with the part was a second to	his project pursuant to the provisions of CEQA. It pursuant to the provisions of CEQA. Indition of the approval of the project. It pursuant to the provisions of CEQA. Indition of the approval of the project. It provisions of CEQA. It provisions of CEQA. It provisions of CEQA.
Sig	nature (Public Agency):		Title:
Dat	te:	Date Rece	ived for filing at OPR:



		Print	StartOver Save	
	DFW 753.5a (REV. 01/01/24) Previously DFG 753.5a			
		RECEIPT NUM	BER:	
		56 —	_	
		STATE CLEARI		
EE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY		2023040	DATE	
EAD AGENCY	skolwitz@toaks.org		DATE	
City of Thousand Oaks			DOCUMENT NUMBER	
COUNTY/STATE AGENCY OF FILING Ventura		/	BOOGINE!!! Trem===	
Ventura PROJECT TITLE	* 2 2 2			
os Robles Comprehensive Cancer Center / 355 W J	Janss Road General Plan	Amendment a	and Zone Change Project	
PROJECT APPLICANT NAME	PROJECT APPLICANT EN		PHONE NUMBER	
HCA Health Care	tcohen@cohenlandus		(805)2921622	
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE	
215 W Janss Rd	Thousand Oaks	s CA	91360	
PROJECT APPLICANT (Check appropriate box)		☐ State A	gency Private Entity	
Local Public Agency School District	Other Special District		geney	
□ Certified Regulatory Program (CRP) document - payment of the control of t	сору)	\$850.00 \$ \$	0.00	
PAYMENT METHOD:  Cash Credit Check Other	TOTAL R	ECEIVED \$	4,101.25	

ORIGINAL - PROJECT APPLICANT

COPY - CDFW/ASB

COPY - LEAD AGENCY

