

ON September 11 2024

UNTIL October 11 2024

Notice of Determination

REGISTRAR - RECORDER/COUNTY CLERK

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
Norwalk, CA 90650

From:

Public Agency: County of Los Angeles
Address: 1000 S. Fremont Ave., Unit #40
A-9 West, 3rd Floor, Alhambra, CA 91803
Contact: Jui Ing Chien, Park Planner
Phone: (626) 588-5317

Lead Agency (if different from above):
Address: _____
Contact: _____
Phone: _____

SUBJECT: Filing of Notice of Determination in compliance with Section 21108 or 21152 of the Public Resources Code.


State Clearinghouse Number (if submitted to State Clearinghouse): 2023080345

Project Title: Devil's Punchbowl Nature Center Replacement Planning Project

Project Applicant: County of Los Angeles Department of Parks and Recreation

Project Location (include county): 28000 Devil's Punchbowl Rd. Pearblossom, County of Los Angeles

Project Description:

The Los Angeles County Department of Parks and Recreation is proposing various improvements at the Devil's Punchbowl Natural Area. The Proposed Project entails planning for the replacement of the Nature Center that was destroyed by the Bobcat Fire in 2020 with a new building while also making improvements to the surrounding support site elements including trail heads, Americans with Disabilities Act access to buildings and trails, picnic areas, and shade structures. 

This is to advise that the County of Los Angeles has approved the above
(Lead Agency or Responsible Agency)

described project on 09/10/2024 and has made the following determinations regarding the above
(date)
described project.

1. The project [will will not] have a significant effect on the environment.
2. An Environmental Impact Report was prepared for this project pursuant to the provisions of CEQA.
 A Negative Declaration was prepared for this project pursuant to the provisions of CEQA.
3. Mitigation measures [were were not] made a condition of the approval of the project.
4. A mitigation reporting or monitoring 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 not] made pursuant to the provisions of CEQA.

2024 191058

FILED
Sep 11 2024

Deana C. Logan, Registrar - Recorder/County Clerk

Electronically signed by VALERIE VALADEZ

This is to certify that the final EIR with comments and responses and record of project approval, or the negative Declaration, is available to the General Public at:

1000 S. Fremont Ave., Unit #40, A-9 West, 3rd Floor, Alhambra, CA 91803

Signature (Public Agency):  Title: Dept. Fac. Planner II

Date: 9-10-2024 Date Received for filing at OPR: _____

State of California—Natural Resources Agency
 CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE
2024 ENVIRONMENTAL FILING FEE CASH RECEIPT

RECEIPT # 202409111240028
STATE CLEARING HOUSE # (if applicable) 2023080345

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY COUNTY OF LOS ANGELES			DATE 09/11/2024
COUNTY/STATE AGENCY OF FILING LOS ANGELES			DOCUMENT NUMBER 2024191058
PROJECT TITLE DEVIL'S PUNCHBOWL NATURE CENTER REPLACEMENT PLANNING PROJECT			
PROJECT APPLICANT NAME JUI ING CHEN			PHONE NUMBER (626)588-5317
PROJECT APPLICANT ADDRESS 1000 S. FREMONT AVE UNIT 40	CITY ALHAMBRA	STATE CA	ZIP CODE 91803

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)	\$4,051.25	\$ 4,051.25
<input type="checkbox"/> Negative Declaration (ND)(MND)	\$2,916.75	\$ 0.00
<input type="checkbox"/> Application Fee Water Diversion (State Water Resources Control Board Only)	\$850.00	\$ 0.00
<input type="checkbox"/> Projects Subject to Certified Regulatory Programs (CRP)	\$1,377.25	\$ 0.00
<input checked="" type="checkbox"/> County Administrative Fee	\$50.00	\$ 75.00
<input type="checkbox"/> Project that is exempt from fees		
<input type="checkbox"/> Notice of Exemption		
<input type="checkbox"/> CDFW No Effect Determination (Form Attached)		
<input type="checkbox"/> Other _____		\$ 0.00

PAYMENT METHOD:

- Cash
 Credit
 Check
 Other _____
 \$ 4,126.25

SIGNATURE X 	TITLE ITC
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