

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: _____

Lead Agency: _____ Contact Person: _____

Mailing Address: _____ Phone: _____

City: _____ Zip: _____ County: _____

Project Location: County: _____ City/Nearest Community: _____

Cross Streets: _____ Zip Code: _____

Latitude/Longitude: _____° _____' _____" N/ _____° _____' _____" W Total Acres: _____

Assessor's Parcel No.: _____ Section: _____ Twp.: _____ Range: _____ Base: _____

Within 2 Miles: State Hwy #: _____ Waterways: _____

Airports: _____ Railways: _____ Schools: _____

Document Type:

CEQA:	<input type="checkbox"/> NOP	<input type="checkbox"/> Draft EIR	NEPA:	<input type="checkbox"/> NOI	Other:	<input type="checkbox"/> Joint Document
	<input type="checkbox"/> Early Cons	<input type="checkbox"/> Supplement/Subsequent EIR		<input type="checkbox"/> EA		<input type="checkbox"/> Final Document
	<input type="checkbox"/> Neg Dec	(Prior SCH No.) _____		<input type="checkbox"/> Draft EIS		<input type="checkbox"/> Other _____
	<input type="checkbox"/> Mit Neg Dec	Other _____		<input type="checkbox"/> FONSI		

Local Action Type:

<input type="checkbox"/> General Plan Update	<input type="checkbox"/> Specific Plan	<input type="checkbox"/> Rezone	<input type="checkbox"/> Annexation
<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Master Plan	<input type="checkbox"/> Prezone	<input type="checkbox"/> Redevelopment
<input type="checkbox"/> General Plan Element	<input type="checkbox"/> Planned Unit Development	<input type="checkbox"/> Use Permit	<input type="checkbox"/> Coastal Permit
<input type="checkbox"/> Community Plan	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Land Division (Subdivision, etc.)	<input type="checkbox"/> Other _____

Development Type:

<input type="checkbox"/> Residential: Units _____ Acres _____	<input type="checkbox"/> Water Facilities: Type _____ MGD _____
<input type="checkbox"/> Office: Sq.ft. _____ Acres _____ Employees _____	<input type="checkbox"/> Transportation: Type _____
<input type="checkbox"/> Commercial: Sq.ft. _____ Acres _____ Employees _____	<input type="checkbox"/> Mining: Mineral _____
<input type="checkbox"/> Industrial: Sq.ft. _____ Acres _____ Employees _____	<input type="checkbox"/> Power: Type _____ MW _____
<input type="checkbox"/> Educational _____	<input type="checkbox"/> Waste Treatment: Type _____ MGD _____
<input type="checkbox"/> Recreational _____	<input type="checkbox"/> Hazardous Waste: Type _____
	<input type="checkbox"/> Other: _____

Project Issues Discussed in Document:

<input type="checkbox"/> Aesthetic/Visual	<input type="checkbox"/> Fiscal	<input type="checkbox"/> Recreation/Parks	<input type="checkbox"/> Vegetation
<input type="checkbox"/> Agricultural Land	<input type="checkbox"/> Flood Plain/Flooding	<input type="checkbox"/> Schools/Universities	<input type="checkbox"/> Water Quality
<input type="checkbox"/> Air Quality	<input type="checkbox"/> Forest Land/Fire Hazard	<input type="checkbox"/> Septic Systems	<input type="checkbox"/> Water Supply/Groundwater
<input type="checkbox"/> Archeological/Historical	<input type="checkbox"/> Geologic/Seismic	<input type="checkbox"/> Sewer Capacity	<input type="checkbox"/> Wetland/Riparian
<input type="checkbox"/> Biological Resources	<input type="checkbox"/> Minerals	<input type="checkbox"/> Soil Erosion/Compaction/Grading	<input type="checkbox"/> Wildlife
<input type="checkbox"/> Coastal Zone	<input type="checkbox"/> Noise	<input type="checkbox"/> Solid Waste	<input type="checkbox"/> Growth Inducement
<input type="checkbox"/> Drainage/Absorption	<input type="checkbox"/> Population/Housing Balance	<input type="checkbox"/> Toxic/Hazardous	<input type="checkbox"/> Land Use
<input type="checkbox"/> Economic/Jobs	<input type="checkbox"/> Public Services/Facilities	<input type="checkbox"/> Traffic/Circulation	<input type="checkbox"/> Cumulative Effects
<input type="checkbox"/> Other _____			

Present Land Use/Zoning/General Plan Designation:

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

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 Emergency Services
<input type="checkbox"/> Boating & Waterways, Department of	<input type="checkbox"/> Office of Historic Preservation
<input type="checkbox"/> CalFire	<input type="checkbox"/> Office of Public School Construction
<input type="checkbox"/> California Highway Patrol	<input type="checkbox"/> Parks & Recreation, Department of
<input type="checkbox"/> CalRecycle	<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 (Headquarters)	<input type="checkbox"/> Resources Agency
<input type="checkbox"/> Central Valley Flood Protection Board	<input type="checkbox"/> S.F. Bay Conservation & Development Commission
<input type="checkbox"/> Coachella Valley Mountains Conservancy	<input type="checkbox"/> San Gabriel & Lower L.A. Rivers and Mtns Conservancy
<input type="checkbox"/> Coastal Commission	<input type="checkbox"/> San Joaquin River Conservancy
<input type="checkbox"/> Colorado River Board	<input type="checkbox"/> Santa Monica Mountains Conservancy
<input type="checkbox"/> Conservation, Department of	<input type="checkbox"/> State Lands Commission
<input type="checkbox"/> Corrections, Department of	<input type="checkbox"/> SWRCB: Clean Water Grants
<input type="checkbox"/> Delta Protection Commission	<input type="checkbox"/> SWRCB: Water Quality
<input type="checkbox"/> Education, Department of	<input type="checkbox"/> SWRCB: Water Rights
<input type="checkbox"/> Energy Commission	<input type="checkbox"/> Tahoe Regional Planning Agency
<input type="checkbox"/> Fish & Wildlife Region # _____	<input type="checkbox"/> Toxic Substances Control, Department of
<input type="checkbox"/> Food & Agriculture, Department of	<input type="checkbox"/> Water Resources, Department of
<input type="checkbox"/> General Services, Department of	
<input type="checkbox"/> Health Services, Department of	<input type="checkbox"/> Other _____
<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 _____ Ending Date _____

Lead Agency (Complete if applicable):

Consulting Firm: _____ Applicant: _____
Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____
Contact: _____ Phone: _____
Phone: _____

Signature of Lead Agency Representative: Alejandrina Baldwin Date: _____

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