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Summary Form for Electronic Document Submittal

Form F

Lead agencies may include 15 hardcopies of this document when submitting electronic copies of Environmental Impact Reports, Negative Declarations, Mitigated Negative Declarations, or Notices of Preparation to the State Clearinghouse (SCH). The SCH also accepts other summaries, such as EIR Executive Summaries prepared pursuant to CEQA Guidelines Section 15123. Please include one copy of the Notice of Completion Form (NOC) with your submission and attach the summary to each electronic copy of the document.

SCH #: _____

Project Title: Loomis Basin Equine Medical Center Expansion (PLN20-00188)

Lead Agency: Placer County

Contact Name: Meghan Schwartz

Email: mschwartz@placer.ca.gov Phone Number: 530.745.3075

Project Location: Loomis, Placer County
City *County*

Project Description (Proposed actions, location, and/or consequences).

The proposed Project includes a Rezone, Minor Use Permit, Design Review and Variance in order to construct improvements to the existing Loomis Basin Equine Hospital including development of supporting structures (manure storage, storage barn, covered paddocks, large animal crematorium) and development of a small pet hospital. Two residential structures exist on the Project site and would remain in place.

Identify the project's significant or potentially significant effects and briefly describe any proposed mitigation measures that would reduce or avoid that effect.

See MND

If applicable, describe any of the project's areas of controversy known to the Lead Agency, including issues raised by agencies and the public.

See MND

Provide a list of the responsible or trustee agencies for the project.

See MND