

**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

<b>SCH #</b>
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**Project Title:** Conditional Use Permit No. 230006

Lead Agency: <u>County of Riverside</u>	Contact Person: <u>Haide Aguirre</u>
Mailing Address: <u>4080 Lemon St., 12th Floor</u>	Phone: <u>951-955-1006</u>
City: <u>Riverside</u> Zip: <u>92501</u>	County: <u>Riverside</u>

**Project Location:** County: Riverside City/Nearest Community: Cherry Valley  
 Cross Streets: Brookside Ave. Zip Code: 92223

Longitude/Latitude (degrees, minutes and seconds): 33 ° 57 ' 48.13 " N / -116 ° 59 ' 13.52 " W Total Acres: 18.44  
 Assessor's Parcel No.: 405-230-002, -006, and -010 Section: 28 Twp.: 2 South Range: 1 West Base: \_\_\_\_\_  
 Within 2 Miles: State Hwy #: \_\_\_\_\_ Waterways: \_\_\_\_\_  
 Airports: \_\_\_\_\_ Railways: \_\_\_\_\_ Schools: Beaumont High and Brookside Elem

**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 checked="" 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 checked="" 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"/> Office: Sq.ft. _____ Acres _____ Employees _____ <input checked="" type="checkbox"/> Commercial: Sq.ft. <u>107,495</u> Acres <u>8.27</u> Employees _____ <input type="checkbox"/> Industrial: Sq.ft. _____ Acres _____ Employees _____ <input type="checkbox"/> Educational: _____ <input type="checkbox"/> Recreational: _____ <input type="checkbox"/> Water Facilities: Type _____ MGD _____	<input type="checkbox"/> Transportation: Type _____ <input type="checkbox"/> Mining: Mineral _____ <input type="checkbox"/> Power: Type _____ MW _____ <input type="checkbox"/> Waste Treatment: Type _____ MGD _____ <input type="checkbox"/> Hazardous Waste: Type _____ <input type="checkbox"/> Other: _____
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**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 checked="" type="checkbox"/> Archeological/Historical	<input checked="" type="checkbox"/> Geologic/Seismic	<input type="checkbox"/> Sewer Capacity	<input type="checkbox"/> Wetland/Riparian
<input checked="" type="checkbox"/> Biological Resources	<input type="checkbox"/> Minerals	<input type="checkbox"/> Soil Erosion/Compaction/Grading	<input type="checkbox"/> Growth Inducement
<input type="checkbox"/> Coastal Zone	<input type="checkbox"/> Noise	<input type="checkbox"/> Solid Waste	<input type="checkbox"/> Land Use
<input type="checkbox"/> Drainage/Absorption	<input type="checkbox"/> Population/Housing Balance	<input type="checkbox"/> Toxic/Hazardous	<input checked="" type="checkbox"/> Cumulative Effects
<input type="checkbox"/> Economic/Jobs	<input type="checkbox"/> Public Services/Facilities	<input type="checkbox"/> Traffic/Circulation	<input type="checkbox"/> Other: _____

**Present Land Use/Zoning/General Plan Designation:**

Vacant and residential / Commercial Retail (CR) / C-1/C-P (General Commercial)

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

The proposed Project includes a Conditional Use Permit No. 230006 (CUP230006) to establish a "self-storage and recreational vehicle storage facility" (mini-warehouse) comprised of 10 single-story buildings (ranging in size between 5,060 square-feet and 24,930 square-feet), one single-story administration building (measuring 1,365 square-feet in area), and five detached permanent canopies for the storage of 150 recreational vehicles. The project will require a Lot Line Adjustment (to be processed administratively under separate submittal) between parcels APN: 405-230-002, 405-230-006, and 405-230-010 (totaling 18.44-acres) to create two sites - one of which is the Project site at 8.27-acres - coupled with demolition of the existing structures located at APN's 405-230-006 and 405-230-010. The existing residence located at APN 405-230-002 will remain.

Note: The State Clearinghouse will assign identification numbers for all new projects. If a SCH number already exists for a project (e.g. Notice of Preparation or previous draft document) please fill in.

## 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 checked="" type="checkbox"/> Air Resources Board	<input checked="" type="checkbox"/> Office of Historic Preservation
<input type="checkbox"/> Boating & Waterways, Department of	<input type="checkbox"/> Office of Public School Construction
<input type="checkbox"/> California Emergency Management Agency	<input type="checkbox"/> Parks & Recreation, Department of
<input type="checkbox"/> California Highway Patrol	<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	<input type="checkbox"/> Resources Agency
<input type="checkbox"/> Central Valley Flood Protection Board	<input type="checkbox"/> Resources Recycling and Recovery, Department of
<input type="checkbox"/> Coachella Valley Mtns. Conservancy	<input type="checkbox"/> S.F. Bay Conservation & Development Comm.
<input type="checkbox"/> Coastal Commission	<input type="checkbox"/> San Gabriel & Lower L.A. Rivers & Mtns. Conservancy
<input type="checkbox"/> Colorado River Board	<input type="checkbox"/> San Joaquin River Conservancy
<input type="checkbox"/> Conservation, Department of	<input type="checkbox"/> Santa Monica Mtns. Conservancy
<input type="checkbox"/> Corrections, Department of	<input type="checkbox"/> State Lands Commission
<input type="checkbox"/> Delta Protection Commission	<input type="checkbox"/> SWRCB: Clean Water Grants
<input type="checkbox"/> Education, Department of	<input type="checkbox"/> SWRCB: Water Quality
<input type="checkbox"/> Energy Commission	<input type="checkbox"/> SWRCB: Water Rights
<input checked="" type="checkbox"/> Fish & Game Region # <u>6</u>	<input type="checkbox"/> Tahoe Regional Planning Agency
<input type="checkbox"/> Food & Agriculture, Department of	<input type="checkbox"/> Toxic Substances Control, Department of
<input type="checkbox"/> Forestry and Fire Protection, Department of	<input type="checkbox"/> Water Resources, Department of
<input type="checkbox"/> General Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Health Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Housing & Community Development	
<input checked="" type="checkbox"/> Native American Heritage Commission	

### Local Public Review Period (to be filled in by lead agency)

Starting Date April 17, 2024 Ending Date May 7 2024

### Lead Agency (Complete if applicable):

Consulting Firm: <u>Jennings Environmental, LLC</u>	Applicant: <u>Corion Capital Partners, LLC</u>
Address: <u>35414 Acacia Ave.</u>	Address: <u>270 Palisades Beach Rd # 302</u>
City/State/Zip: <u>Yucaipa, CA 92399</u>	City/State/Zip: <u>Santa Monica, CA 90402</u>
Contact: <u>Gene Jennings</u>	Phone: _____
Phone: <u>909-534-4547</u>	

Signature of Lead Agency Representative: *Naide Aguirre* Date: 4/12/2024

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