

**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:** CITY OF ATASCADERO COMPREHENSIVE 2045 GENERAL PLAN UPDATE

Lead Agency: CITY OF ATASCADERO Contact Person: KELLY GLEASON  
 Mailing Address: 6500 PALMA AVE Phone: 805-470-3446  
 City: ATASCADERO Zip: 93422 County: SAN LUIS OBISPO

**Project Location:** County: SAN LUIS OBISPO City/Nearest Community: ATASCADERO  
 Cross Streets: Palma Ave & West Mall Zip Code: 93422

Longitude/Latitude (degrees, minutes and seconds): \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " 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 checked="" 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 checked="" 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"/> Transportation: Type _____            |
| <input type="checkbox"/> Office: Sq.ft. _____ Acres _____ Employees _____     | <input type="checkbox"/> Mining: Mineral _____                 |
| <input type="checkbox"/> Commercial: Sq.ft. _____ Acres _____ Employees _____ | <input type="checkbox"/> Power: Type _____ MW _____            |
| <input type="checkbox"/> Industrial: Sq.ft. _____ Acres _____ Employees _____ | <input type="checkbox"/> Waste Treatment: Type _____ MGD _____ |
| <input type="checkbox"/> Educational: _____                                   | <input type="checkbox"/> Hazardous Waste: Type _____           |
| <input type="checkbox"/> Recreational: _____                                  | <input type="checkbox"/> Other: _____                          |
| <input type="checkbox"/> Water Facilities: Type _____ MGD _____               |  |

**Project Issues Discussed in Document:**

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> Aesthetic/Visual         | <input type="checkbox"/> Fiscal                                | <input checked="" type="checkbox"/> Recreation/Parks     | <input type="checkbox"/> Vegetation                          |
| <input type="checkbox"/> Agricultural Land                   | <input checked="" type="checkbox"/> Flood Plain/Flooding       | <input type="checkbox"/> Schools/Universities            | <input checked="" type="checkbox"/> Water Quality            |
| <input checked="" type="checkbox"/> Air Quality              | <input checked="" type="checkbox"/> Forest Land/Fire Hazard    | <input type="checkbox"/> Septic Systems                  | <input checked="" type="checkbox"/> Water Supply/Groundwater |
| <input checked="" type="checkbox"/> Archeological/Historical | <input checked="" type="checkbox"/> Geologic/Seismic           | <input checked="" 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 checked="" type="checkbox"/> Growth Inducement        |
| <input type="checkbox"/> Coastal Zone                        | <input checked="" type="checkbox"/> Noise                      | <input checked="" type="checkbox"/> Solid Waste          | <input checked="" type="checkbox"/> Land Use                 |
| <input checked="" type="checkbox"/> Drainage/Absorption      | <input checked="" type="checkbox"/> Population/Housing Balance | <input type="checkbox"/> Toxic/Hazardous                 | <input type="checkbox"/> Cumulative Effects                  |
| <input type="checkbox"/> Economic/Jobs                       | <input checked="" type="checkbox"/> Public Services/Facilities | <input checked="" type="checkbox"/> Traffic/Circulation  | <input type="checkbox"/> Other: _____                        |

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

VARIOUS

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

SEE NOTICE OF PREPARATION

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 checked="" type="checkbox"/> Parks & Recreation, Department of        |
| <input type="checkbox"/> California Highway Patrol                              | <input type="checkbox"/> Pesticide Regulation, Department of                 |
| <input type="checkbox"/> Caltrans District # <u>5</u>                           | <input checked="" type="checkbox"/> Public Utilities Commission              |
| <input type="checkbox"/> Caltrans Division of Aeronautics                       | <input checked="" type="checkbox"/> Regional WQCB # <u>3</u>                 |
| <input checked="" 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 checked="" type="checkbox"/> Energy Commission                           | <input type="checkbox"/> SWRCB: Water Rights                                 |
| <input checked="" type="checkbox"/> Fish & Game Region # <u>4</u>               | <input type="checkbox"/> Tahoe Regional Planning Agency                      |
| <input type="checkbox"/> Food & Agriculture, Department of                      | <input type="checkbox"/> Toxic Substances Control, Department of             |
| <input checked="" type="checkbox"/> Forestry and Fire Protection, Department of | <input checked="" 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 checked="" 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 \_\_\_\_\_ 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: Erick Gomez  Date: 07/16/2024

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