

ON November 21 2024

UNTIL December 23 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 Hwy Norwalk CA 90650

From:

Public Agency: City of South El Monte
Address: 1415 Santa Anita Ave
South El Monte, CA 91733

Contact: Gerardo Marquez
Phone: 626-579-6540

Lead Agency (if different from above): _____

Address: _____

Contact: _____

Phone: _____



Debra C. Logan, Registrar - Recorder/County Clerk
E-Publics Team: P. LORENA V. DEZ

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): _____

Project Title: 2222 Rosemead Warehouse

Project Applicant: TAIT & Associates, INC.

Project Location (include county): 2222 Rosemead Boulevard, South El Monte (County of Los Angeles)

Project Description:

Development of a new 156,877 square foot warehouse building with ancillary office and retail space. The development shall provide multiple tenant spaces and shall provide a mixture of industrial and retail uses. The building will mainly be utilized as a warehouse with 127,887 square feet being dedicated to this use with the 18,580 utilized as ancillary office and 7,879 square feet being retail area.

This is to advise that the City of South El Monte has approved the above
(Lead Agency or Responsible Agency)

described project on 11/19/2024 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.

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:

https://www.cityofsouthelmonte.org/373/Agendas-Minutes

Signature (Public Agency): [Signature] Title: Planning Manager

Date: 11/21/2024 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 # 202411210490006
STATE CLEARING HOUSE # (if applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY CITY OF SOUTH EL MONTE			DATE 11/21/2024
COUNTY/STATE AGENCY OF FILING LOS ANGELES			DOCUMENT NUMBER 2024239842
PROJECT TITLE 2222 ROSEMEAD WAREHOUSE			
PROJECT APPLICANT NAME GEARARDO MARQUEZ			PHONE NUMBER (626)579-6540
PROJECT APPLICANT ADDRESS 1415 SANTA ANITA AVE	CITY SOUTH EL MONTE	STATE CA	ZIP CODE 91733

PROJECT APPLICANT (Check appropriate box):

- Local Public Agency
 School District
 Other Special District
 State Agency
 Private Entity

CHECK APPLICABLE FEES:

- | | | |
|---|------------|-------------|
| <input type="checkbox"/> Environmental Impact Report (EIR) | \$4,051.25 | \$ 0.00 |
| <input checked="" type="checkbox"/> Negative Declaration (ND)(MND) | \$2,916.75 | \$ 2,916.75 |
| <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 | \$60.00 | \$ 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 _____
 \$ 2,991.75

SIGNATURE X 	TITLE INTERMEDIATE CLERK
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