

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: Initial Study No. 8521 and Unconditional Use Permit No. 3779

Lead Agency: <u>Fresno County</u>	Contact Person: <u>Alyce Alvarez</u>
Mailing Address: <u>2220 Tulare St</u>	Phone: <u>559-600-9669</u>
City: <u>Fresno</u> Zip: <u>93721</u>	County: <u>Fresno</u>

Project Location: County: Fresno City/Nearest Community: Clovis

Cross Streets: east side of N. De Wolf Ave, approximately 332 feet south from the intersection with E. Bullard Ave, northerly adjacent from the city limits of the City of Clovis. Zip Code: 93612

Longitude/Latitude (degrees, minutes and seconds): _____ ° _____ ' _____ " N / _____ ° _____ ' _____ " W Total Acres: 598.9

Assessor's Parcel No.: 554-030-02 Section: 12 Twp.: 13s Range: 21e Base: M.D.B.M.

Within 2 Miles: State Hwy #: N/A Waterways: N/A

Airports: N/A Railways: N/A Schools: N/A

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: <u>CUP</u>

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 checked="" type="checkbox"/> Other: <u>18-bed care facility from existing Single Family Residence</u>
<input type="checkbox"/> Water Facilities: Type _____ MGD _____	

Project Issues Discussed in Document:

<input checked="" type="checkbox"/> Aesthetic/Visual	<input checked="" type="checkbox"/> Fiscal	<input checked="" type="checkbox"/> Recreation/Parks	<input checked="" type="checkbox"/> Vegetation
<input checked="" type="checkbox"/> Agricultural Land	<input checked="" type="checkbox"/> Flood Plain/Flooding	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Wetland/Riparian
<input checked="" type="checkbox"/> Biological Resources	<input checked="" type="checkbox"/> Minerals	<input checked="" type="checkbox"/> Soil Erosion/Compaction/Grading	<input checked="" type="checkbox"/> Growth Inducement
<input type="checkbox"/> Coastal Zone	<input type="checkbox"/> Noise	<input checked="" type="checkbox"/> Solid Waste	<input checked="" type="checkbox"/> Land Use
<input type="checkbox"/> Drainage/Absorption	<input checked="" type="checkbox"/> Population/Housing Balance	<input checked="" type="checkbox"/> Toxic/Hazardous	<input checked="" type="checkbox"/> Cumulative Effects
<input type="checkbox"/> Economic/Jobs	<input checked="" type="checkbox"/> Public Services/Facilities	<input checked="" type="checkbox"/> Traffic/Circulation	<input checked="" type="checkbox"/> Other: <u>Wildfire and Energy</u>

Present Land Use/Zoning/General Plan Designation:

AE-20/ Agriculture

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

Allow the conversion of an existing Single-Family Residence to an 18-bed residential care facility on a 2.16-acre parcel in the AE-20 (Exclusive Agricultural 20-acre minimum parcel size) Zone District

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 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 checked="" type="checkbox"/> Regional WQCB # <u>5</u>
<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 checked="" type="checkbox"/> SWRCB: Water Quality
<input 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 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"/> Health Services, Department of	<input checked="" type="checkbox"/> Other: <u>San Joaquin Valley Air Pollution Control District</u>
<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 October 30, 2024 Ending Date December 2, 2024

Lead Agency (Complete if applicable):

Consulting Firm: _____ Applicant: Valeri Sahakyan
Address: _____ Address: 411 East Swallow Ct.
City/State/Zip: _____ City/State/Zip: Fresno, CA 93730
Contact: _____ Phone: 559-777-7797
Phone: _____

Signature of Lead Agency Representative: *Alyce Alvarez* Date: 10/28/2024

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