



NOTICE OF DETERMINATION

CLERK STAMP (Date Filed/ Posted):
 CLERK OF THE BOARD OF SUPERVISORS
DATE FILED & POSTED
 Posted On: 1/30/25
 Removed On: 3/7/25
 Receipt No: 36-01302025
-059

SAN BERNARDINO COUNTY
 CALIFORNIA

TO: Clerk of the Board of Supervisors
 San Bernardino County
 385 N. Arrowhead Avenue, 2nd Floor
 San Bernardino, CA 92415-0130

FROM: City of Loma Linda
 Community Development Dept
 25541 Barton Road
 Loma Linda, CA 92354
 909-799-2839

Office of Planning and Research (if project requires state approval)
 P.O. Box 3044, Sacramento, CA 95812-3044

SUBJECT: FILING OF NOTICE OF DETERMINATION IN COMPLIANCE WITH SECTION 21108 OR 21152 OF THE PUBLIC RESOURCES CODE.

- State Clearinghouse Number: 2024120349
- Project Title: Pediatric Medical Office Building by LLUMC
- Project Applicant: Loma Linda University Health, Planning, Design, and Construction
- Project Location - Specific: The site is addressed as 11353 Anderson Street, Loma Linda, CA 92354 in San Bernardino County, APN: 0284-191-23.
- Project Location (City and County): Loma Linda, San Bernardino County
- Project Description: The proposed project involves the development of a 105,000-square-foot, five story medical office building on 3.65 acres of a 5.84 acre previously developed site within the Loma Linda University Medical Center (LLUMC) campus. Currently, the site is a surface parking lot. The facility will house hospital-based pediatric clinics with approximately 150 exam rooms and support spaces. Additional improvements include surface parking, patient drop-off/loading areas, landscaping, and site lighting. Existing access points along Barton Road and Anderson Street will remain, and approximately 2+ acres of the existing surface parking lot east of the Barton Road entrance. The current zoning for the site is Institutional-Healthcare (I-HC) and allows for medical office buildings and ancillary uses.

This is to advise that the Lead Agency, the City of Loma Linda, has approved the above-described project on January 14, 2025, and has made the following determinations regarding the above described project.

1. The project [will will not] have a significant effect on the environment.
2. An Environmental Impact Report was prepared and certified for this project pursuant to the provisions of CEQA and reflects the independent judgment of the Lead Agency.
 A Negative Declaration was prepared for this project pursuant to the provisions of CEQA.
 A Mitigated Negative Declaration was prepared for this project pursuant to the provisions of CEQA.
3. Mitigation measures [were were not] made part of the conditions 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 Mitigated Negative Declaration is available to the General Public at: City of Loma Linda, Community Development Department at 25541 Barton Road, Loma Linda, CA 92354.

Signature (Public Agency):  Title: Associate Planner

Date: January 30, 2025 Date Received for filing at OPR: _____

CLERK OF THE
BOARD OF SUPERVISORS
2025 JAN 30 PM 4:37
SAN BERNARDINO COUNTY
CALIFORNIA



State of California - Department of Fish and Wildlife
2025 ENVIRONMENTAL DOCUMENT FILING FEE
CASH RECEIPT
 DFW 753.5a (REV. 01/01/25) Previously DFG 753.5a

Print **StartOver** **Save**

RECEIPT NUMBER:
 36 — 01302025 — 059
 STATE CLEARINGHOUSE NUMBER (If applicable)
2024120349

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY City of Loma Linda-Community Development Dept.	LEAD AGENCY EMAIL	DATE 01302025
COUNTY/STATE AGENCY OF FILING San Bernardino	DOCUMENT NUMBER	

PROJECT TITLE
Pediatric Medical Office Building by LLUMC

PROJECT APPLICANT NAME Loma Linda University Health, Planning, Design, and Construction	PROJECT APPLICANT EMAIL	PHONE NUMBER (909)799-2839
PROJECT APPLICANT ADDRESS 25541 Barton Rd	CITY Loma Linda	STATE CA
		ZIP CODE 92354

PROJECT APPLICANT (Check appropriate box)

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

CHECK APPLICABLE FEES:

- Environmental Impact Report (EIR) \$4,123.50 \$ _____ 0.00
- Mitigated/Negative Declaration (MND)(ND) \$2,968.75 \$ _____ 2,968.75
- Certified Regulatory Program (CRP) document - payment due directly to CDFW \$1,401.75 \$ _____ 0.00
- Exempt from fee
 - Notice of Exemption (attach)
 - CDFW No Effect Determination (attach)
- Fee previously paid (attach previously issued cash receipt copy)
- Water Right Application or Petition Fee (State Water Resources Control Board only) \$850.00 \$ _____ 0.00
- County documentary handling fee \$ _____ 50.00
- Other \$ _____

PAYMENT METHOD: #531255913

Cash Credit Check Other

TOTAL RECEIVED \$ _____ **3,018.75**

SIGNATURE X	AGENCY OF FILING PRINTED NAME AND TITLE Alicia Meza, Deputy Clerk
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CLERK OF THE BOARD OF SUPERVISORS
SAN BERNARDINO COUNTY
CALIFORNIA
JAN 30 PM 4:10
92354

This is to advise that the Lead Agency, the City of Loma Linda, has approved the above-described project on January 14, 2025, and has made the following determinations regarding the above described project.

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This is to certify that the Mitigated Negative Declaration is available to the General Public at: City of Loma Linda, Community Development Department at 25541 Barton Road, Loma Linda, CA 92354.

Signature (Public Agency):  Title: Associate Planner

Date: January 30, 2025

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CLERK OF THE
BOARD OF SUPERVISORS
2025 JAN 30 PM 4:40
SAN BERNARDINO COUNTY
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State of California - Department of Fish and Wildlife
2025 ENVIRONMENTAL DOCUMENT FILING FEE
CASH RECEIPT
 DFW 753.5a (REV. 01/01/25) Previously DFG 753.5a

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COUNTY/STATE AGENCY OF FILING San Bernardino	DOCUMENT NUMBER	

PROJECT TITLE

Pediatric Medical Office Building by LLUMC

PROJECT APPLICANT NAME Loma Linda University Health, Planning, Design, and Construction	PROJECT APPLICANT EMAIL	PHONE NUMBER (909) 799-2839
PROJECT APPLICANT ADDRESS 25541 Barton Rd	CITY Loma Linda	STATE CA
		ZIP CODE 92354

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) | \$4,123.50 | \$ | 0.00 |
| <input checked="" type="checkbox"/> Mitigated/Negative Declaration (MND)(ND) | \$2,968.75 | \$ | 2,968.75 |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,401.75 | \$ | 0.00 |
|
 | | | |
| <input type="checkbox"/> Exempt from fee | | | |
| <input type="checkbox"/> Notice of Exemption (attach) | | | |
| <input type="checkbox"/> CDFW No Effect Determination (attach) | | | |
| <input type="checkbox"/> Fee previously paid (attach previously issued cash receipt copy) | | | |

- | | | | |
|---|----------|----|-------|
| <input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only) | \$850.00 | \$ | 0.00 |
| <input checked="" type="checkbox"/> County documentary handling fee | | \$ | 50.00 |
| <input type="checkbox"/> Other | | \$ | |

PAYMENT METHOD:

- Cash Credit Check Other

#531255913

TOTAL RECEIVED \$ 3,018.75

SIGNATURE X	AGENCY OF FILING PRINTED NAME AND TITLE Alicia Meza, Deputy Clerk
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