

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: _____
 Lead Agency: _____ Contact Person: _____
 Mailing Address: _____ Phone: _____
 City: _____ Zip: _____ County: _____

Project Location: County: _____ City/Nearest Community: _____
 Cross Streets: _____ Zip Code: _____
 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: NOP Draft EIR NEPA: NOI Other: Joint Document
 Early Cons Supplement/Subsequent EIR EA Final Document
 Neg Dec (Prior SCH No.) _____ Draft EIS Other: _____
 Mit Neg Dec Other: _____ FONSI _____

Local Action Type:

General Plan Update Specific Plan Rezone Annexation
 General Plan Amendment Master Plan Prezone Redevelopment
 General Plan Element Planned Unit Development Use Permit Coastal Permit
 Community Plan Site Plan Land Division (Subdivision, etc.) Other: _____

Development Type:

Residential: Units _____ Acres _____
 Office: Sq.ft. _____ Acres _____ Employees _____ Transportation: Type _____
 Commercial: Sq.ft. _____ Acres _____ Employees _____ Mining: Mineral _____
 Industrial: Sq.ft. _____ Acres _____ Employees _____ Power: Type _____ MW _____
 Educational: _____ Waste Treatment: Type _____ MGD _____
 Recreational: _____ Hazardous Waste: Type _____
 Water Facilities: Type _____ MGD _____ Other: _____

Project Issues Discussed in Document:

Aesthetic/Visual Fiscal Recreation/Parks Vegetation
 Agricultural Land Flood Plain/Flooding Schools/Universities Water Quality
 Air Quality Forest Land/Fire Hazard Septic Systems Water Supply/Groundwater
 Archeological/Historical Geologic/Seismic Sewer Capacity Wetland/Riparian
 Biological Resources Minerals Soil Erosion/Compaction/Grading Growth Inducement
 Coastal Zone Noise Solid Waste Land Use
 Drainage/Absorption Population/Housing Balance Toxic/Hazardous Cumulative Effects
 Economic/Jobs Public Services/Facilities Traffic/Circulation Other: _____

Present Land Use/Zoning/General Plan Designation:

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

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".

_____ Air Resources Board	_____ Office of Historic Preservation
_____ Boating & Waterways, Department of	_____ Office of Public School Construction
_____ California Emergency Management Agency	_____ Parks & Recreation, Department of
_____ California Highway Patrol	_____ Pesticide Regulation, Department of
_____ Caltrans District # _____	_____ Public Utilities Commission
_____ Caltrans Division of Aeronautics	_____ Regional WQCB # _____
_____ Caltrans Planning	_____ Resources Agency
_____ Central Valley Flood Protection Board	_____ Resources Recycling and Recovery, Department of
_____ Coachella Valley Mtns. Conservancy	_____ S.F. Bay Conservation & Development Comm.
_____ Coastal Commission	_____ San Gabriel & Lower L.A. Rivers & Mtns. Conservancy
_____ Colorado River Board	_____ San Joaquin River Conservancy
_____ Conservation, Department of	_____ Santa Monica Mtns. Conservancy
_____ Corrections, Department of	_____ State Lands Commission
_____ Delta Protection Commission	_____ SWRCB: Clean Water Grants
_____ Education, Department of	_____ SWRCB: Water Quality
_____ Energy Commission	_____ SWRCB: Water Rights
_____ Fish & Game Region # _____	_____ Tahoe Regional Planning Agency
_____ Food & Agriculture, Department of	_____ Toxic Substances Control, Department of
_____ Forestry and Fire Protection, Department of	_____ Water Resources, Department of
_____ General Services, Department of	_____ Other: _____
_____ Health Services, Department of	_____ Other: _____
_____ Housing & Community Development	
_____ 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: _____ Date: _____

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