

RECEIVED

JAN 19 2024

CITY OF CALABASAS
CITY CLERK'S OFFICE

2024 009296

FILED
Jan 16 2024

Dena C. Logan, Registrar - Recorder/County Clerk

Electronically signed by LUCIA MURCUIA

THIS NOTICE WAS POSTED

ON January 16 2024

UNTIL February 15 2024

REGISTRAR - RECORDER/COUNTY CLERK

Form

Notice of Determination

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: 14340 Sylvan Street
Van Nuys, California 91401

From:

Public Agency: City of Calabasas
Address: 100 Civic Center Way

Contact: Glenn Michitsch, Senior Planner
Phone: 818-224-1707

Lead Agency (if different from above):

Address:

Contact:

Phone:

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): 2017091009

Project Title: West Village at Calabasas Project

Project Applicant: The New Home Company Canyon Oaks LLC

Project Location (include county): 4790 Las Virgenes Road, Calabasas, Los Angeles County

Project Description:

The proposed project involves the development of residential, commercial, and public open space/trail uses on an undeveloped site of approx. 77.22 acres. The residential component would include a non-gated community of 15 three-story multi-family housing buildings totalling 180 units, 18 of which would be designated affordable (very low income). The commercial component would consist of a 5,867 square-foot retail center. Approx. 86 percent of the site (66.1 acres) would be preserved as open space.

This is to advise that the City of Calabasas, per court order has approved the above (Lead Agency or Responsible Agency)

described project on January 10, 2024 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 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.cityofcalabasas.com/our-city/current-projects/west-village-at-calabasas

Signature (Public Agency): Title: Community Development Director

Date: 1/10/2024 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 # 202401161230014
STATE CLEARING HOUSE # (If applicable) 2017091009

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY CITY OF CALABASAS			DATE 01/16/2024
COUNTY/STATE AGENCY OF FILING RR/CC			DOCUMENT NUMBER 2024009296
PROJECT TITLE WEST VILLAGE AT CALABASAS PROJECT			
PROJECT APPLICANT NAME GLENN MICHITSCH			PHONE NUMBER (818)224-1707
PROJECT APPLICANT ADDRESS 100 CIVIC CENTER WAY	CITY CALABASAS	STATE CA	ZIP CODE 91302

PROJECT APPLICANT (Check appropriate box):

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

CHECK APPLICABLE FEES:

<input checked="" type="checkbox"/> Environmental Impact Report (EIR)	\$4,051.25	\$ 4,051.25
<input type="checkbox"/> Negative Declaration (ND)(MND)	\$2,916.75	\$ 0.00
<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	\$50.00	\$ 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 _____
 \$ 4,126.25

SIGNATURE X 	TITLE ITC
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