Notice of Determination

Appendix D

To:			From:	
	Office of Planning and Resear <i>U.S. Mail:</i>	Street Address:	Public Agency: County of Los Angeles Address: 900 South Fremont Avenue	
	P.O. Box 3044	1400 Tenth St., Rm 113	Alhambra, CA 91803	
	Sacramento, CA 95812-3044		Contact: Gillian Tiede	
	Sacramento, GA 93612-3044	Sacramento, CA 95614	Phone: (626) 464-4583	
	County Clerk County of: Los Angeles Address: 12400 Imperial Highway		Lead Agency (if different from above):	
	Norwalk, CA 90650	griway	Address:	
			Contact:Phone:	
	BJECT: Filing of Notice of L sources Code.	Determination in compli	ance with Section 21108 or 21152 of the Public	
Sta	te Clearinghouse Number (if	submitted to State Clearin	nghouse): 2014111004	
Pro	oject Title: Harbor-UCLA RP - Constru	action Change Orders and Buildover A	Agreements (Harbor-UCLA Medical Center Campus Master Plan Project)	
	ject Applicant: Los Angeles			
Pro	eject Location (include county)	:_1000 W. Carson Street,	Torrance, CA 90502 (Los Angeles County)	
On F Cent Meyl Plan and Cour Distr Harb	ter Replacement Project. The approved cha ler Street; infrastructure to support additiona t and Loading Dock; and demolition of exist delegated the authority to Chief Executive C nty Flood Control District to allow Public Wo icts. Work is in accordance with the Environ oor-UCLA Medical Center Replacement Proj	nge orders include the construction o al Laboratory equipment; design and d ing buildings within the footprints of Ir officer to execute the Buildover Agree rks to construct portions of the Repla- mental Impact Report (EIR) Addendu- lect. The original EIR was certified on		
Thi	s is to advise that the <u>Count</u>	y of Los Angeles ■ Lead Agency or □ Re	has approved the above esponsible Agency)	
des		, 2024 and has made th	e following determinations regarding the above	
2. [] 3. N 4. <i>F</i> 5. <i>F</i>	☐ A Negative Declaration was Mitigation measures [■ were A mitigation reporting or monit	Report was prepared for the sprepared for the sprepared for this project were not] made a construction plan [was	nis project pursuant to the provisions of CEQA. It pursuant to the provisions of CEQA. Indition of the approval of the project. It pursuant to the provisions of CEQA. Indition of the approval of the project. It pursuant to the project. It pursuant to the project.	
neg	s is to certify that the final EIF gative Declaration, is available ounty of Los Angeles Public \	e to the General Public at	oonses and record of project approval, or the	
Sig	nature (Public Agency):		Title: Capital Projects Program Manager	
Dat	te: <u>3/4/24</u>	Date Rece	ived for filing at OPR:	

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Notice of Determination

DEC 2 1 2016

Appendix D

To: LOS ANGELES, CO	JUNITA-CLERK	
Office of Planning and Research	Public Agency: L.A. County Dept. of Public Works	
U.S. Mail: Street Address:	Address: 900'S. Fremont Avenue Alhambra, CA 91803-1331	
P.O. Box 3044 1400 Tenth St., Rm 113	Contact; Clarice Nash, Project Manager	
Sacramento, CA 95812-3044 Sacramento, CA 95814	Phone: (626) 300-2363	
County Clerk County of: Los Angeles	Lead Agency (if different from above):	
Address: 4716 East Cesar E. Chavez Avenue Los Angeles, CA 90022	Address:	
Los Angules, OA 30022		
	Contact:Phone:	
SUBJECT: Filing of Notice of Determination in complia Resources Code.	ance with Section 21108 or 21152 of the Public	
State Clearinghouse Number (if submitted to State Clearing		
Project Title: Harbor-UCLA Medical Center Campus Master Plan	n Project	
Project Applicant: Los Angeles County Department of Public We	orks	
Project Location (include county): 1000 W. Carson Street, Torr	rance, CA 90502 (Los Angeles County)	
The Master Plan Project involves development of hospital, outpaties The existing 72-acre Harbor-UCLA Campus includes 1,279,284 SF developed with up to approximately 2,457,355 SF of developed flostate law seismic requirements, renovation of the existing Hospital replacement of aging facilities. The western side of the Campus is 250,000 SF and would support open space, surface parking, and o	F of developed area. The Master Plan Project, to be or area, includes a new Hospital tower to meet tower to house non-acute care support uses, and proposed for a new Bioscience Tech Park of up to other similar ancillary short-term uses.	
This is to advise that the County of Los Angeles (X Lead Agency or Res	ponsible Agency) has approved the above	
described project on <u>December 20, 2016</u> and has made the (date) described project.	following determinations regarding the above	
1. The project [X will will not] have a significant effect o	n the environment.	
2. ★ An Environmental Impact Report was prepared for this ☐ A Negative Declaration was prepared for this project p 3. Mitigation measures [★ were ☐ were not] made a condit of the second of the sec	s project pursuant to the provisions of CEQA. bursuant to the provisions of CEQA. ition of the approval of the project. not] adopted for this project. s not] adopted for this project.	
This is to certify that the final EIR with comments and responding active Declaration, is available to the General Public at: Los Angeles County Department of Public Works, 900 S. Fremont		
Signature (Public Agency):	Title: Project Manager	
Date: December 20, 2016 Date Received	d for filing at OPR: December 21, 2016	

State of California—Natural Resources Agency CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE 2016 ENVIRONMENTAL FILING FEE CASH RECEIPT

	RECEIPT #		
	STATE CL	EARING HOUS	E # (If applicable)
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY			
LEAD AGENCY			DATE
L.A. COUNTY DEPT. OF PUBLIC WORKS	12/21/2016		
COUNTY/STATE AGENCY OF FILING	DOCUMENT NUMBER		
LACC			2016309060
PROJECT TITLE			
HARBOR-UCLA MEDICAL CENTER CAMPUS MASTER PLAN PROJECT PROJECT APPLICANT NAME			
			PHONE NUMBER
CLARICE NASH L.A. COUNTY DEPT. OF PUBLIC WORKS PROJECT APPLICANT ADDRESS CITY		STATE	ZIP CODE
900 S. FREMONT AVE	BRA	CA	91803
PROJECT APPLICANT (Check appropriate box):		1011	81003
☑ Local Public Agency ☐ School District ☐ Other Special District ☐	State Agency	☐ Private	Entity
CHECK APPLICABLE FEES: ☑ Environmental Impact Report (EIR) □ Negative Declaration (ND)(MND) □ Application Fee Water Diversion (State Water Resources Control Board Only) □ Projects Subject to Certified Regulatory Programs (CRP) ☑ County Administrative Fee		\$3,070.00 \$2,210.25 \$850.00 \$1,043.75 \$50.00	\$ 3,070.00 \$ 0.00 \$ 0.00 \$ 75.00
☐ Project that is exempt from fees ☐ Notice of Exemption ☐ CDFW No Effect Determination (Form Attached)			
Other			\$ 0.00
PAYMENT METHOD:			
☐ Cash ☐ Credit ☑ Check ☐ Other	\$ 3,145.00		
SIGNATURE X	ТІТІ	E	