

ORIGINAL FILED

Notice of Determination

DEC 21 2016

Appendix D

To: LOS ANGELES, COUNTY CLERK

Office of Planning and Research  
 U.S. Mail: Street Address: Public Agency: L.A. County Dept. of Public Works  
Address: 900 S. Fremont Avenue  
Alhambra, CA 91803-1331  
 P.O. Box 3044 1400 Tenth St., Rm 113  
Sacramento, CA 95812-3044 Sacramento, CA 95814  
 Contact: Clarice Nash, Project Manager  
 Phone: (626) 300-2363

County Clerk  
 County of: Los Angeles  
 Address: 4716 East Cesar E. Chavez Avenue  
Los Angeles, CA 90022  
 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): 2014111004

Project Title: Harbor-UCLA Medical Center Campus Master Plan Project

Project Applicant: Los Angeles County Department of Public Works

Project Location (include county): 1000 W. Carson Street, Torrance, CA 90502 (Los Angeles County)

Project Description:

The Master Plan Project involves development of hospital, outpatient, research, and support facilities through 2030. The existing 72-acre Harbor-UCLA Campus includes 1,279,284 SF of developed area. The Master Plan Project, to be developed with up to approximately 2,457,355 SF of developed floor area, includes a new Hospital tower to meet state law seismic requirements, renovation of the existing Hospital tower to house non-acute care support uses, and replacement of aging facilities. The western side of the Campus is proposed for a new Bioscience Tech Park of up to 250,000 SF and would support open space, surface parking, and other similar ancillary short-term uses.

This is to advise that the County of Los Angeles has approved the above  Lead Agency or  Responsible Agency)

described project on December 20, 2016 and has made the following determinations regarding the above (date) 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.  A Negative Declaration 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:

Los Angeles County Department of Public Works, 900 S. Fremont Avenue, Alhambra, CA 91803-1331

Signature (Public Agency):  Title: Project Manager

Date: December 20, 2016 Date Received 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 # 201612211240045
STATE CLEARING HOUSE # (if applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY L.A. COUNTY DEPT. OF PUBLIC WORKS			DATE 12/21/2016
COUNTY/STATE AGENCY OF FILING LACC			DOCUMENT NUMBER 2016309060
PROJECT TITLE HARBOR-UCLA MEDICAL CENTER CAMPUS MASTER PLAN PROJECT			
PROJECT APPLICANT NAME CLARICE NASH L.A. COUNTY DEPT. OF PUBLIC WORKS			PHONE NUMBER
PROJECT APPLICANT ADDRESS 900 S. FREMONT AVE	CITY ALHAMBRA	STATE CA	ZIP CODE 91803
PROJECT APPLICANT (Check appropriate box): <input checked="" type="checkbox"/> Local Public Agency <input type="checkbox"/> School District <input type="checkbox"/> Other Special District <input type="checkbox"/> State Agency <input type="checkbox"/> Private Entity			

**CHECK APPLICABLE FEES:**

<input checked="" type="checkbox"/> Environmental Impact Report (EIR)	\$3,070.00	\$ <u>3,070.00</u>
<input type="checkbox"/> Negative Declaration (ND)(MND)	\$2,210.25	\$ <u>0.00</u>
<input type="checkbox"/> Application Fee Water Diversion (State Water Resources Control Board Only)	\$850.00	\$ <u>0.00</u>
<input type="checkbox"/> Projects Subject to Certified Regulatory Programs (CRP)	\$1,043.75	\$ <u>0.00</u>
<input checked="" type="checkbox"/> County Administrative Fee	<del>\$50.00</del>	\$ <u>75.00</u>
<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 _____		\$ <u>0.00</u>

**PAYMENT METHOD:**

Cash     Credit     Check     Other \_\_\_\_\_    \$ 3,145.00

SIGNATURE X 	TITLE
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