ORIGINAL FILED

OCT 16 2019

LOS ANGELES, COUNTY CLERK Notice of Determination

To:	From:				
Office of Planning and Research	Public Agency: County of Los Angeles Department of Public Works Address: 900 S Fremont Avenue Alhambra, CA 91803				
U.S. Mail: Street Address:					
P.O. Box 3044 1400 Tenth St., Rm 113					
Sacramento, CA 95812-3044 Sacramento, CA 95814	Contact: Alicia Ramos				
	Phone: (626) 300-2300				
County Clerk County of: Los Angeles	Lead Agency (if different from above):				
Address: 12400 Imperial Hwy, Room2001					
Norwalk, CA 90650	Address:				
	Contact: Phone:				
SUBJECT: Filing of Notice of Determination in compliance with So	ection 21108 or 21152 of the Public Resources Code				
State Clearinghouse Number (if submitted to State Clearinghou					
Project Title: Olive View - UCLA Medical Center Campus Ma	ister Plan				
Project Applicant: County of Los Angeles					
	- 20				
Project Location (include county): 14445 Olive View Drive, Syln	nar, CA 91342; County of Los Angeles				
Project Description:					
Medical Center Campus. The project is a guideline document for future devel Medical Center Campus. The project is the Master Plan for the Olive V fliers of development including associated infrastructure and demolition development into the next twenty+ years. Tier I entails "near-term" project.	riew-UCLA Medical Center campus, which consists of two to facilitate new construction and will guide campus				
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STATE CLEARINGHOUSE

State of California—Natural Resources Agency CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE 2019 ENVIRONMENTAL FILING FEE CASH RECEIPT

					RECEIPT #	#			
					201910161250044 STATE CLEARING HOUSE # (If applicable)				
LEAD A	AGENCY						IDATE		
COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS								10/16/2019	
COUNTY/STATE AGENCY OF FILING								DOCUMENT NUMBER	
LOS ANGELES								2019275236	
PROJE	CT TITLE						49.02.0		
OLIV	E VIEW -UCLA MEDICA	L CENTER CAMPUS MAST	TER PLAN						
PROJE	CT APPLICANT NAME						PHONE N	NUMBER	
	IA RAMOS								
	PROJECT APPLICANT ADDRESS			CITY		STATE	ZIP CODE		
900 S FREMONT AVENUE PROJECT APPLICANT (Check appropriate box):				ALHAMBRA		CA	91803		
			1020000 20 00000 00			- 10 W	-41		
[V]	Local Public Agency	School District	Other Special Distric	t State	e Agency	☐ Private	e Entity		
CHECK	APPLICABLE FEES:								
Ø	Environmental Impact O	and (FID)							
,						\$3,271.00	s	3,271.00	
						\$2,354.75	\$	0.00	
☐ Application Fee Water Diversion (State Water Resources Control Board Only) \$850.00						\$850.00	\$	0.00	
☐ Projects Subject to Certified Regulatory Programs (CRP) \$1,112.00						\$1,112.00	9	0.00	
\square	County Administrative F	ee				\$50.00		75.00	
	Project that is exempt fro	om fees				88	s	75,00	
	☐ Notice of Exemption								
	CDFW No Effect De	etermination (Form Attached)	1						
	Other						\$	0.00	
PAYME	NT METHOD:								
	Cash Credit	☑ Check	□ Other				\$	3,346.00	
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