

Notice of Determination

Appendix D

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: Shasta County Clerk
 Address: 1643 Market Street
Redding, CA 96001

From:

Public Agency: City of Redding
 Address: 777 Cypress Avenue
Redding, CA 96001

Contact: Lily Toy

Phone: 530-245-7231

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): 2017072048

Project Title: Dignity Health North State Pavilion Project

Project Applicant: Dignity Health

Project Location (include county): 10.55 acres of vacant land in the City of Redding, Shasta County

Project Description:

Dignity Health Mercy Medical Center Redding is seeking to construct and operate a wellness center for ambulatory medical offices and clinics that would be distributed amongst three buildings totalling approximately 129,600 square feet with associated parking, landscaping, and infrastructure on 10.55 acres of land addressed as 2360, 2380, 2390, 2392, 2396, 2398, 2448, 2490, 2511, and 2515 Henderson Road, located at the intersection of Cypress Avenue and Hartnell Avenue. +

This is to advise that the City of Redding has approved the above
☒ Lead Agency or ☐ Responsible Agency)

described project on 6/16/2020 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:

City of Redding Development Services Department, 777 Cypress Avenue, Redding, CA 96001

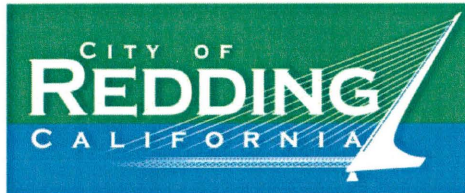
Signature (Public Agency):  Title: Planning Manager

Date: 6/24/2020

Date Received for filing at OPP: Governor's Office of Planning & Research

Authority cited: Sections 21083, Public Resources Code.
 Reference Section 21000-21174, Public Resources Code.

JUL 13 2020
 STATE CLEARINGHOUSE
 Revised 2011



CITY OF REDDING

777 CYPRESS AVENUE, REDDING, CA 96001

P.O. BOX 496071, REDDING, CA 96049-6071

DEVELOPMENT SERVICES DEPARTMENT

LILY TOY, PLANNING MANAGER

530.245.7231

530.225.4495 FAX

June 25, 2020

L-010-075

California Office of Planning and Research
State Clearinghouse
P.O. Box 3044
Sacramento, CA 95812-3044

Subject: Notice of Determination Filing Fee for SCH #2017072048

To Whom It May Concern:

This is to advise you that filing fees required by Fish & Game Code Section 711.4 have been paid to the Shasta County Clerk with the request that the Notice of Determination for the Dignity Health North State Pavilion Project EIR be posted.

Should you have any questions, please do not hesitate to contact me by telephone at (530) 245-7231 or email at ltoy@cityofredding.org.

Sincerely,

Lily Toy
Planning Manager

LT:sm

Attachment: Notice of Determination for the Dignity Health North State Pavilion Project EIR
UP-2017-0001DIGNITYHEALTHNODFILINGLETTERTOOPRSTATECLEARINGHOUSE

Governor's Office of Planning & Research

JUL 13 2020

STATE CLEARINGHOUSE

45-06242020-048

Recorded on: 06/24/2020

Expiration Date: 07/24/2020

"By Charles Wilson, Deputy Clerk"

Shasta County Clerk 2020 CEQA Alternative Cash Receipt

Complete and attach this form to each CEQA Notice of Determination/Exemption filed with the County Clerk
Type or Print Clearly

Lead Agency CITY OF REDDING PLANNING Email Address ltoy@cityofredding.org
Project Title DIGNITY HEALTH NORTH STATE PAVILION PROJECT EIR
Project Applicant DIGNITY HEALTH - MERCY Email Address ryan.rodgers@dignityhealth.org

Applicant Type: ☐ Public Agency ☐ School District ☐ Other Special District ☒ State Agency ☐ Private Entity

Project Applicant Address 10901 GOLD CENTER DRIVE SUITE 3
City RANCHO CORDOVA State CA Zip 95670 Phone Number 5302457231

Environmental Impact Report (EIR)
☒ Department of Fish and Wildlife Filing Fee \$ 3,343.25

Mitigated Negative Declaration (MND) / Negative Declaration (ND)
☐ Department of Fish and Wildlife Filing Fee \$ 2,406.75

Notice of Exemption (NOE)/ No Effect Determination (NED)
☐ Notice of Exemption No Fee
☐ No Effect Determination (must attach letter) No Fee

Administrative Fees
☐ Previously Paid (must attach receipt) Receipt #
☒ County Administrative Fee \$ 58.00

Payment Method:		Receipt Information:	
<input type="checkbox"/> Cash	<input type="checkbox"/> Credit / Debit Card	Receipt #	<u>45-06242020-048</u>
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Other	State Clearing House #	<u>2017072048</u>

Filing fees are due at the time a Notice of Determination/Exemption is filed with our office. For more information on filing fees and No Effect Determinations, please refer to California Code of Regulations, Title 14, section 753.5.