

Notice of Completion & Environmental Document Transmittal

Mail to: State Clearinghouse, P.O. Box 3044, Sacramento, CA 95812-3044 (916) 445-0613
 For Hand Delivery/Street Address: 1400 Tenth Street, Sacramento, CA 95814

SCH #

Project Title: _____
 Lead Agency: _____ Contact Person: _____
 Mailing Address: _____ Phone: _____
 City: _____ Zip: _____ County: _____

Project Location: County: _____ City/Nearest Community: _____
 Cross Streets: _____ Zip Code: _____
 Longitude/Latitude (degrees, minutes and seconds): _____° _____' _____" N / _____° _____' _____" W Total Acres: _____
 Assessor's Parcel No.: _____ Section: _____ Twp.: _____ Range: _____ Base: _____
 Within 2 Miles: State Hwy #: _____ Waterways: _____
 Airports: _____ Railways: _____ Schools: _____

Document Type:

CEQA: NOP Draft EIR NEPA: NOI Other: Joint Document
 Early Cons Supplement/Subsequent EIR EA Final Document
 Neg Dec (Prior SCH No.) _____ Draft EIS Other: _____
 Mit Neg Dec Other: _____ FONSI _____

Local Action Type:

General Plan Update Specific Plan Rezone Annexation
 General Plan Amendment Master Plan Prezone Redevelopment
 General Plan Element Planned Unit Development Use Permit Coastal Permit
 Community Plan Site Plan Land Division (Subdivision, etc.) Other: _____

Development Type:

Residential: Units _____ Acres _____ Transportation: Type _____
 Office: Sq.ft. _____ Acres _____ Employees _____ Mining: Mineral _____
 Commercial: Sq.ft. _____ Acres _____ Employees _____ Power: Type _____ MW _____
 Industrial: Sq.ft. _____ Acres _____ Employees _____ Waste Treatment: Type _____ MGD _____
 Educational: _____ Hazardous Waste: Type _____
 Recreational: _____ Other: _____
 Water Facilities: Type _____ MGD _____

Project Issues Discussed in Document:

Aesthetic/Visual Fiscal Recreation/Parks Vegetation
 Agricultural Land Flood Plain/Flooding Schools/Universities Water Quality
 Air Quality Forest Land/Fire Hazard Septic Systems Water Supply/Groundwater
 Archeological/Historical Geologic/Seismic Sewer Capacity Wetland/Riparian
 Biological Resources Minerals Soil Erosion/Compaction/Grading Growth Inducement
 Coastal Zone Noise Solid Waste Land Use
 Drainage/Absorption Population/Housing Balance Toxic/Hazardous Cumulative Effects
 Economic/Jobs Public Services/Facilities Traffic/Circulation Other: _____

Present Land Use/Zoning/General Plan Designation:

Project Description: (please use a separate page if necessary)

The proposed project would develop an age-restricted, multi-family residential development on the project site. The project would consist of 82 for-rent multi-family condominium dwelling units allocated among seven residential buildings and the second level of a recreation center. Additionally, the project would include recreational amenities, parking and common areas, and on-site and off-site infrastructure improvements. Approximately 46 percent of the site would be left as natural open space, and approximately 11 percent would be landscaped area.

Note: The State Clearinghouse will assign identification numbers for all new projects. If a SCH number already exists for a project (e.g. Notice of Preparation or previous draft document) please fill in.

Academy of Language and Arts of Sonoma; Calvary Chapel Christian Academy; Pivot Charter School; North Valley School; St. Rose School; Cardinal Newman High School; Redwood Adventist Academy; John B. Riebli School; Guadalupe Private; Cardinal Newman HS

Reviewing Agencies Checklist

Lead Agencies may recommend State Clearinghouse distribution by marking agencies below with an "X".
If you have already sent your document to the agency please denote that with an "S".

<input type="checkbox"/> Air Resources Board	<input type="checkbox"/> Office of Historic Preservation
<input type="checkbox"/> Boating & Waterways, Department of	<input type="checkbox"/> Office of Public School Construction
<input type="checkbox"/> California Emergency Management Agency	<input type="checkbox"/> Parks & Recreation, Department of
<input type="checkbox"/> California Highway Patrol	<input type="checkbox"/> Pesticide Regulation, Department of
<input type="checkbox"/> Caltrans District # _____	<input type="checkbox"/> Public Utilities Commission
<input type="checkbox"/> Caltrans Division of Aeronautics	<input type="checkbox"/> Regional WQCB # _____
<input type="checkbox"/> Caltrans Planning	<input type="checkbox"/> Resources Agency
<input type="checkbox"/> Central Valley Flood Protection Board	<input type="checkbox"/> Resources Recycling and Recovery, Department of
<input type="checkbox"/> Coachella Valley Mtns. Conservancy	<input type="checkbox"/> S.F. Bay Conservation & Development Comm.
<input type="checkbox"/> Coastal Commission	<input type="checkbox"/> San Gabriel & Lower L.A. Rivers & Mtns. Conservancy
<input type="checkbox"/> Colorado River Board	<input type="checkbox"/> San Joaquin River Conservancy
<input type="checkbox"/> Conservation, Department of	<input type="checkbox"/> Santa Monica Mtns. Conservancy
<input type="checkbox"/> Corrections, Department of	<input type="checkbox"/> State Lands Commission
<input type="checkbox"/> Delta Protection Commission	<input type="checkbox"/> SWRCB: Clean Water Grants
<input type="checkbox"/> Education, Department of	<input type="checkbox"/> SWRCB: Water Quality
<input type="checkbox"/> Energy Commission	<input type="checkbox"/> SWRCB: Water Rights
<input type="checkbox"/> Fish & Game Region # _____	<input type="checkbox"/> Tahoe Regional Planning Agency
<input type="checkbox"/> Food & Agriculture, Department of	<input type="checkbox"/> Toxic Substances Control, Department of
<input type="checkbox"/> Forestry and Fire Protection, Department of	<input type="checkbox"/> Water Resources, Department of
<input type="checkbox"/> General Services, Department of	
<input type="checkbox"/> Health Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Housing & Community Development	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Native American Heritage Commission	

Local Public Review Period (to be filled in by lead agency)

Starting Date _____ Ending Date _____

Lead Agency (Complete if applicable):

Consulting Firm: _____	Applicant: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Contact: _____	Phone: _____
Phone: _____	

Signature of Lead Agency Representative: _____ **Date:** _____

Authority cited: Section 21083, Public Resources Code. Reference: Section 21161, Public Resources Code.