

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

2020039078
 SCH # _____

Project Title: CVS

Lead Agency: County of Santa Cruz _____ Contact Person: Annette Olson _____
 Street Address: 701 Ocean Street, 4th floor _____ Phone: (831)454-3134 _____
 City: Santa Cruz _____ Zip: 95060 _____ County: Santa Cruz _____

Project Location:

County: Santa Cruz _____ City/Nearest Community: City of Santa Cruz _____ Total Acres 1.23 _____
 Cross Streets: Soquel Dr and Commercial Way _____ Zip Code: 95062 _____
 Assessor's Parcel No. 025-071-05, _____ Section: 8 _____ Twp. 11S _____ Range 1W _____ Base: _____
 Within 2 miles: State Hwy#: 1 _____ Waterways: San Lorenzo River, Arana Gulch, Rodeo Gulch, Carbonera Creek, Soquel Creek _____
 Airports: _____ Railways: _____ Schools: DeLaVeaga Elem, Soquel High, Branciforte _____
 Middle, Good Shepard, Green Acres Elem _____

Document Type:

CEQA: ☐ NOP ☐ Draft EIR NEPA: ☐ NOI Other: ☐ Joint Document
☐ Early Cons ☐ Supplement to EIR (Note prior SCH# below) ☐ EA ☐ Final Document
☐ Neg Dec ☐ Subsequent EIR (Note prior SCH# below) ☐ 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.) ☐ Riparian Exception

Development Type:

☐ Residential: Units _____ Acres _____ ☐ Water Facilities: Type _____ MGD _____
☐ Office: Sq.ft. _____ Acres _____ Employees _____ ☐ Transportation: Type _____
☒ Commercial: Sq.ft. 13,111 _____ Acres 1.23 _____ Employees _____ ☐ Mining: Mineral _____
☐ Industrial: Sq.ft. _____ Acres _____ Employees _____ ☐ Power: Type _____ MW _____
☐ Educational _____ ☐ Waste Treatment: Type _____ MGD _____
☐ Recreational Community Park _____ ☐ Hazardous Waste: Type _____
☐ Other: _____

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
☐ Archaeological/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:

Commercial

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

The proposed project is to combine two parcels, demolish the existing improvements, and construct a new 13,111 square foot retail pharmacy—including a mezzanine for storage—with a drive-through pharmacy window, and related improvements, including frontage improvements and business signs. The project requires a Commercial Development Permit, an Exception to reduce the required landscape strip from five to two feet, and an Exception to allow four signs totaling 92 square feet where one sign and 50 square feet is allowed.

Reviewing Agencies Checklist

continued

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 Emergency Services |
| <input type="checkbox"/> Boating & Waterways, Department of | <input type="checkbox"/> Office of Historic Preservation |
| <input type="checkbox"/> California Highway Patrol | <input type="checkbox"/> Parks & Recreation |
| <input type="checkbox"/> Caltrans District # _____ | <input type="checkbox"/> Pesticide Regulation, Department of |
| <input type="checkbox"/> Caltrans Division of Aeronautics | <input type="checkbox"/> Public Utilities Commission |
| <input type="checkbox"/> Caltrans Planning | <input type="checkbox"/> Reclamation Board |
| <input type="checkbox"/> Coachella Valley Mountains Conservancy | <input type="checkbox"/> Regional WQCB # 3 _____ |
| <input type="checkbox"/> Coastal Commission | <input type="checkbox"/> Resources Agency |
| <input type="checkbox"/> Colorado River Board Commission | <input type="checkbox"/> S.F. Bay Conservation & Development |
| <input type="checkbox"/> Conservation, Department of | <input type="checkbox"/> San Gabriel & Lower Los Angeles |
| <input type="checkbox"/> Corrections, Department of | <input type="checkbox"/> Rivers & Mountains Conservancy |
| <input type="checkbox"/> Delta Protection Commission | <input type="checkbox"/> San Joaquin River Conservancy |
| <input type="checkbox"/> Education, Department of | <input type="checkbox"/> Santa Monica Mountains Conservancy |
| <input type="checkbox"/> Office of Public School Construction | <input type="checkbox"/> State Lands Commission |
| <input type="checkbox"/> Energy Commission | <input type="checkbox"/> SWRCB: Clean Water Grants |
| <input type="checkbox"/> Fish & Game Region # 3 _____ | <input type="checkbox"/> SWRCB: Water Quality |
| <input type="checkbox"/> Food & Agriculture, Department of | <input type="checkbox"/> SWRCB: Water Rights |
| <input type="checkbox"/> Forestry & Fire Protection | <input type="checkbox"/> Tahoe Regional Planning Agency |
| <input type="checkbox"/> General Services, Department of | <input type="checkbox"/> Toxic Substances Control, Department of |
| <input type="checkbox"/> Health Services, Department of | <input type="checkbox"/> Water Resources, Department of |
| <input type="checkbox"/> Housing & Community Development | |
| <input type="checkbox"/> Integrated Waste Management Board | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Native American Heritage Commission | <input type="checkbox"/> Other: _____ |

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

Starting Date 3/27/2020 _____

Ending Date 4/27/2020 _____

Lead Agency (Complete if applicable):

Consulting Firm: _____

Address: _____

City/State/Zip: _____

Contact: _____

Phone: (____) _____

Applicant: _____

Address: _____

City/State/Zip: _____

Phone: (____) _____

Signature of Lead Agency Representative  Date 3/26/2020 _____