B. 8

Ap	pe	nd	ix	D

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: Merced Address: 2222 M Street Merced, CA 95340 SUBJECT: Filing of Notice of Determination in complia Resources Code. Support Street	From: Public Agency: City of Livingston Address: 1416 C Street Livingston, CA 95334 Contact: Randy Hatch Phone: 209-394-8041 x 123 Lead Agency (if different from above) SAME Address: Image: Contact: Contact: Image: Contact: Phone: Image: Contact: Contact: Image: Contact: Contact: Image: Contact: Phone: Image: Contact: Contact: Image: Contact: Contact: Image: Contact: Contact: Image: Contact: Phone: Image: Contact: Contact: Image: Contact:
State Clearinghouse Number (if submitted to State Clearing	nghouse): 2021010256
Project Title: THE VILLAGES AT MAIN RESIDENTIAL A	PARTMENT COMMUNITY
Project Applicant: Harvinder and Salinder Bhangu and S	ukhinder and Kulvinder Sanghera
Project Location (include county): Peach Avenue and Mai	n Street, Livingston, Merced County
Project Description:	
The project proposes the construction of a 480-unit reside The proposed apartment community would consist of 20 ranging from one to three bedrooms. The complex would with approximately 6,343 square feet of floor area, along requires City approval of a Conditional Use Permit. This is to advise that the City of Livingston	three-story buildings, each with 24 units also include a two-story community building with a patio, outdoor pool, and spa. The project
(Lead Agency or Re	has approved the above esponsible Agency)
described project on June 29, 2021 and has made the (date) described project.	ne following determinations regarding the above
 The project [will will will not] have a significant effect An Environmental Impact Report was prepared for t A Negative Declaration was prepared for this project Mitigation measures [were were not] made a cont A mitigation reporting or monitoring plan [was were A statement of Overriding Considerations [was were Findings [were were not] made pursuant to the project 	this project pursuant to the provisions of CEQA. It pursuant to the provisions of CEQA. Indition of the approval of the project. It as not] adopted for this project. It was not] adopted for this project.
This is to certify that the final EIR with comments and respondentive Declaration, is available to the General Public at City of Livingston, 1416 C Street, Livingston, CA 95334	
Signature (Public Agency):	Title: City Manager
	ived for filing at OPR:

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



	RECEIPT NUMBER:						
			24-2021-075				
			STATE	CLEAR	INGHOUSE	NUMBER (if applicable)	
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARL	.Y.						
LEAD AGENCY		EAD AGENCY EMAIL			DATE		
CITY OF LIVINGSTON PLANNING DEPARTMENT					07/01/2021		
COUNTY/STATE AGENCY OF FILING					DOCUMENT NUMBER		
MERCED COUNTY					24-2021-075		
PROJECT TITLE							
THE VILLAGES AT MAIN RESIDENTIAL APARTMENT COMMU	JNITY						
PROJECT APPLICANT NAME		APPLICANT I	EMAIL				
					PHONE NUMBER		
HARVINDER & SALINDER BHANGU & SUKHINDER & KULVIN PROJECT APPLICANT ADDRESS			STATE		(209) 394-8041 ZIP CODE		
	LIVINGST		CA	=	95334	-	
1416 C STREET					95334		
PROJECT APPLICANT (Check appropriate box) X Local Public Agency School District	Other Spe	cial District		State A	dency	Private Entity	
CHECK APPLICABLE FEES:							
Environmental Impact Report (EIR)			\$3.445.2	25 \$		3,445.25	
Mitigated/Negative Declaration (MND)(ND)			\$2,480.2			0.00	
Certified Regulatory Program (CRP) document - payment	due directly to C	DFW	\$1,171.2			0.00	
	-						
Exempt from fee							
Notice of Exemption (attach)							
CDFW No Effect Determination (attach)							
Fee previously paid (attach previously issued cash receipt	сору)						
Water Right Application or Petition Fee (State Water Resc	ources Control Bo	oard only)	\$850.0	00 \$		0.00	
X County documentary handling fee			\$50.0	00 \$		50.00	
Other				\$		0.00	
PAYMENT METHOD:							
Cash Credit Check Other		TOTAL	RECEIVE	D \$		3,495.25	
SIGNATURE	GENCY OF FILI	NG PRINTED	NAME AN	D TITLE			
SIGNATURE AGENCY OF FILING PRINTED NAME AND TITLE							
X	alph Williams	Deputy Clerk	¢				