To		From:
To:  ☑ Office of Planning and Researc	h	Public Agency: <u>City of Chula Vista</u>
	Street Address:	Address: 276 4th Ave
U.S. Mail: P.O. Box 3044	1400 Tenth St., Rm 113	Chula Vista, CA 91910
Sacramento, CA 95812-3044	Sacramento, CA 95814	Contact: Todd Philips
344 amento, CA 83012-3044	Sacramento, CA 85014	
		Phone: (619) 409-5465
☐ County Clerk		Lead Agency (if different from above):
County of: San Diego	*	Address:
Address: 1600 Pacific Hwy #260		
<u>San Diego, CA 92101</u>		Contact:
5		Phone:
lesources Code. State Clearinghouse Number (if subr	,	Section 21108 or 21152 of the Public
· · · · · · · · · · · · · · · · · · ·		5011 w2021000087
Project <u>Title: Eastlake Behavioral Heal</u>	Address = CIOO TOURS AND	Diagon Mundiagol (A)
Project Applicant: <u>Acadia Healthcare</u>	- Suite 1000 Franking	1 37067 Phone Number=(619)
Project Location (include county): Ea	astlake, Chula Vista, San Diego Co	unty
ite. The acute psychiatric hospital w ingle-story atructure. Specific medica ervices for geriatric, adult, and ado	ould accommodate 120 beds wit l and ancillary services would inc lescent patients, nutrition supporisitors and staff, and an inpatie	havioral health hospital on a 10.42-acre hin an approximated 97,050-square-foot lude; in-and out-patient behavior health ort, and physical therapy, as well as a nt pharmacy. The facility would employ
This is to advise that theCity	of Chula Vista	has approved the
<u>————————————————————————————————————</u>	ead Agency or Responsible	Agency)
above described project on <u>Novemb</u> regarding the above described project	er 10, 2021 and ha	s made the following determinations
I. The project [ will will will not] h	ave a significant effect on the e	nvironment.
• • •	<u> </u>	pursuant to the provisions of CEQA.
☐ A Negative Declaration was pr		
3. Mitigation measures [were 🛛 w		
A mitigation reporting or monitorin	g plan [ was was not] ad	lopted for this project.
5. A statement of Overriding Conside	erations [ ] was   M was not] a	adopted for this project
3. Findings [ were were not] r		
Y. I II GIII GO [EZ MOIO   EZ MOIO IIOÚ] I	nado paradant to trio provisions	9 a
This is to certify that the final EIR wit Negative Declaration, is available to		record of project approval, or the
	2 ·	102750594002922000
https://www.chulavistaca.gov/home/s	snowaublisheddocument/22601	/03/303842938230000

Title: Planning Manager

Date Received for filing at OPR:

Signature (Public Agency): \_