Notice of Completion & Environmental Document Transmittal

Project Title:				
Lead Agency:		Contact Per	rson:	
Mailing Address:				
City:	Zip:	County:		
Project Location: County:				
Cross Streets:				ip Code:
Longitude/Latitude (degrees, minutes and seconds): _				
Assessor's Parcel No.:				Base:
· ————				
Airports:			schools:	
Document Type:				
CEQA: NOP Draft EIR	NEPA:	□ NOI	Other:	t Document
Early Cons Supplement/Subs		☐ NOI ☐ EA		l Document
Neg Dec (Prior SCH No.)		Draft EIS	=	er:
Mit Neg Dec Other:		☐ FONSI		
Local Action Type:				
General Plan Update Specific Plan	Rezon		_	nnexation
General Plan Amendment Master Plan	Prezo			edevelopment
General Plan Element Planned Unit I				oastal Permit
☐ Community Plan ☐ Site Plan	∟ Land	Division (Subdivi	ision, etc.) \square Ot	uiCl
Development Type:				
Residential: Units Acres				
Office: Sq.ft. Acres En	mployees	nsportation: Typ	e	
Commercial:Sq.ft. Acres En	mployees Min		neral	
Industrial: Sq.ft Acres E	mployees Pow	ver: Typ	e	MW
Educational:	□ Was	ste Treatment: Typ	oe	MGD
Recreational:	Haz	Hazardous Waste:Type		
Water Facilities: Type MG	D Othe	er:		
Project Journa Discussed in Project				
Project Issues Discussed in Document:	_ ·	/D. 1		4-4:
Aesthetic/Visual Fiscal Flood Plain/Flo	Recreation			etation or Quality
☐ Agricultural Land ☐ Flood Plain/Flo ☐ Air Quality ☐ Forest Land/Fin	~ =	☐ Schools/Universities ☐ Septic Systems		er Quality er Supply/Groundwater
☐ Air Quality ☐ Forest Land/Fin☐ Archeological/Historical ☐ Geologic/Seisn	= 1 7			er Suppty/Groundwater and/Riparian
☐ Biological Resources ☐ Minerals		apacity sion/Compaction/0		wth Inducement
☐ Coastal Zone ☐ Noise			Land	
☐ Drainage/Absorption ☐ Population/Hot	using Balance 🔲 Toxic/Ha	azardous		ulative Effects
		Circulation	Other	
☐ Economic/Jobs ☐ Public Services				
☐ Economic/Jobs ☐ Public Services ———————————————————————————————————				

Reviewing Agencies Checklist

Fish & Game Region # Food & Agriculture, Department of	Tahoe Regional Planning Agency Toxic Substances Control, Department of		
Food & Agriculture, Department of Forestry and Fire Protection, Department of General Services, Department of Health Services, Department of	Water Resources, Department of Other:		
Housing & Community Development Native American Heritage Commission	Other:		
Local Public Review Period (to be filled in by lead age	ency)		
Starting Date	Ending Date		
Lead Agency (Complete if applicable):			
Consulting Firm:	Applicant:		
Address:	Address:		
City/State/Zip:	City/State/Zip:		
Contact:	Phone:		
City/State/Zip:	City/State/Zip: Phone:		
Signature of Lead Agency Representative:	Date:		

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