Notice of Completion & Environmental Document Transmittal

Project Title:					
Lead Agency:			Contact Po	erson:	
Mailing Address:					
City:			County:		
Project Location: County:		/Nearest Co			
Cross Streets:					Zip Code:
Longitude/Latitude (degrees, minutes and seconds):					
Assessor's Parcel No.:					e: Base:
Within 2 Miles: State Hwy #:			тwр		
Airports:					ols:
Airports:					
Document Type:					
CEQA: NOP Draft EIR	N	IEPA:	NOI	Other:	Joint Document
☐ Early Cons ☐ Supplement/Sub	bsequent EIR	Ţ	☐ EA	I	Final Document
Neg Dec (Prior SCH No.)		Ē	Draft EIS	j	Other:
Mit Neg Dec Other:			FONSI		
Local Action Type:	_	7 5			
General Plan Update Specific Plan		Rezone			Annexation
☐ General Plan Amendment ☐ Master Plan ☐ General Plan Element ☐ Planned Unit	Davidonment	Prezone	nit		Redevelopment Coastal Permit
☐ General Plan Element ☐ Planned Unit ☐ Community Plan ☐ Site Plan	Development	☐ Use Perm☐ Land Div	nit zision (Subdi	vision ata	☐ Coastal Permit ☐ Other:
Community Figur	L		ייייייי (טמחמו	. 151011, EU.)	
Development Type:					
Residential: Units Acres					
Office: Sq.ft. Acres E	Employees	Transpo	ortation: Ty	<i>r</i> pe	
Commercial:Sq.ft Acres E	Employees	Mining		ineral	
Industrial: Sq.ft Acres B	Employees	Power:	Ty	/pe	MW
Educational:			Treatment: Ty	ype	MGD
Recreational:		Hazardous Waste:Type Other:			
Water Facilities: Type MC	GD	☐ Other: _			
Project Issues Discussed in Decument					
Project Issues Discussed in Document:		Doomant' - /F	Dorles	r	☐ Vagatation
Aesthetic/Visual Fiscal		Recreation/F Schools/Uni		Ĺ	☐ Vegetation☐ Water Quality
☐ Agricultural Land ☐ Flood Plain/Fl ☐ Air Quality ☐ Forest Land/F	<i>-</i>			Į ſ	
☐ Air Quality ☐ Forest Land/F ☐ Archeological/Historical ☐ Geologic/Seis		Septic Syste Sewer Capa		l F	Water Supply/Groundwater Wetland/Riparian
☐ Biological Resources ☐ Minerals			city 1/Compaction	ا Gradino آ	Growth Inducement
☐ Coastal Zone ☐ Noise		Solid Waste			Land Use
		Toxic/Hazar		, [Cumulative Effects
		Traffic/Circ		[Other:
☐ Economic/Jobs ☐ Public Service				•	
L Economic/Jobs Public Service					

Reviewing Agencies Checklist

	Signature of Lead Agency Representative: Date:					
	e:					
	State/Zip:					
Address:		Address:				
Consulting Firm:						
∟ead	Agency (Complete if applicable):					
	Agency (Complete if anylicable)					
Starti	ng Date	Ending Date				
Local	Public Review Period (to be filled in by lead age	cy)				
	Native American Heritage Commission					
	Housing & Community Development	Other:				
	Health Services, Department of	Other:				
	General Services, Department of	0.1				
	Forestry and Fire Protection, Department of	Water Resources, Department of				
	_ & , 1	Toxic Substances Control, Department of				
	Fish & Game Region #	Tahoe Regional Planning Agency				
	Energy Commission	SWRCB: Water Rights				
	Education, Department of	SWRCB: Water Quality				
	Delta Protection Commission	SWRCB: Clean Water Grants				
	Corrections, Department of	State Lands Commission				
	Conservation, Department of	Santa Monica Mtns. Conservancy				
	_ Colorado River Board	San Joaquin River Conservancy				
	Coastal Commission	San Gabriel & Lower L.A. Rivers & Mtns. Conservan				
	Coachella Valley Mtns. Conservancy	S.F. Bay Conservation & Development Comm.				
	Central Valley Flood Protection Board	Resources Recycling and Recovery, Department of				
	Caltrans Planning	Resources Agency				
	Caltrans Division of Aeronautics	Regional WQCB #				
	Caltrans District #	Public Utilities Commission				
	California Highway Patrol	Pesticide Regulation, Department of				
	California Emergency Management Agency	Parks & Recreation, Department of				
	Boating & Waterways, Department of	Office of Public School Construction				
	Air Resources Board	Office of Historic Preservation				

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