Notice of Completion & Environmental Document Transmittal

Project Title:					
Lead Agency:			Contact Po	erson:	
Mailing Address:					
City:	Zip:		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:					
Water Facilities: Type MC	GD	☐ Other: _			
Project Issues Discussed in Decument					
Project Issues Discussed in Document:		Doomant' - /F	Dorles	r	☐ Vagatation
Acsthetic/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

Air Resources Board Boating & Waterways, Department of California Emergency Management Agency	Office of Historic Preservation
	Office of Public School Construction
	Parks & Recreation, Department of
California Highway Patrol	Pesticide Regulation, Department of
Caltrans District #	Public Utilities Commission
Caltrans Division of Aeronautics	Regional WQCB #
Caltrans Planning	Resources Agency
Central Valley Flood Protection Board	Resources Recycling and Recovery, Department of
Coachella Valley Mtns. Conservancy	S.F. Bay Conservation & Development Comm.
Coastal Commission	San Gabriel & Lower L.A. Rivers & Mtns. Conservance
Colorado River Board	San Joaquin River Conservancy
Conservation, Department of	Santa Monica Mtns. Conservancy
Corrections, Department of	State Lands Commission
Delta Protection Commission	SWRCB: Clean Water Grants
Education, Department of	SWRCB: Water Quality
Energy Commission	SWRCB: Water Rights
Fish & Game Region #	Tahoe Regional Planning Agency
Food & Agriculture, Department of	Toxic Substances Control, Department of
Forestry and Fire Protection, Department of	Water Resources, Department of
General Services, Department of	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Health Services, Department of	Other:
Health Bervices, Department of	Other:
Housing & Community Development	
Housing & Community Development Native American Heritage Commission	Other.
Native American Heritage Commission cal Public Review Period (to be filled in by lead	I agency)
Native American Heritage Commission ocal Public Review Period (to be filled in by lead arting Date	I agency)
Native American Heritage Commission ocal Public Review Period (to be filled in by lead arting Date ead Agency (Complete if applicable):	l agency) Ending Date
Native American Heritage Commission cal Public Review Period (to be filled in by lead arting Date ad Agency (Complete if applicable):	I agency) Ending Date Applicant:
Native American Heritage Commission cal Public Review Period (to be filled in by lead arting Date and Agency (Complete if applicable): consulting Firm: ddress:	Applicant: Address:
Native American Heritage Commission ocal Public Review Period (to be filled in by lead arting Date	Ending Date Applicant: Address: City/State/Zip:

Revised 2010