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:		☐ Waste Treatment: Type			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 Represen	tative:	Pam Cy Y Date:				
Phone:						
Contact:						
City/State/Zip:		City/State/Zip:				
Address:		Address:				
Consulting Firm:		Applicant:				
Lead Agency (Complete if applicable	======================================					
Starting Date		Ending Date				
Local Public Review Period (to be fil	led in by lead agency)				
Native American Heritage Con	nmission					
Housing & Community Devel	•	Other:				
Health Services, Department of		Other:				
General Services, Department						
Forestry and Fire Protection, I	=	Water Resources, Department of				
Food & Agriculture, Departme		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. Conservancy				
Coachella Valley Mtns. Conse	rvancy	S.F. Bay Conservation & Development Comm.				
Central Valley Flood Protection	on Board	Resources Recycling and Recovery, Department of				
Caltrans Planning		Resources Agency				
Caltrans Division of Aeronaut	ics	Regional WQCB #				
Caltrans District #		Public Utilities Commission				
California Highway Patrol	-	Pesticide Regulation, Department of				
California Emergency Manage		Parks & Recreation, Department of				
Boating & Waterways, Depart	ment of	Office of Public School Construction				
Air Resources Board		Office of Historic Preservation				

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