

Notice of Completion & Environmental Document Transmittal

Mail to: State Clearinghouse, P. O. Box 3044, Sacramento, CA 95812-3044 (916) 445-0613
For Hand Delivery/Street Address: 1400 Tenth Street, Sacramento, CA 95814

SCH # _____

Project Title: _____

Lead Agency: _____ Contact Person: _____

Mailing Address: _____ Phone: _____

City: _____ Zip: _____ County: _____

Project Location: County: _____ City/Nearest Community: _____

Cross Streets: _____ Zip Code: _____

Latitude/Longitude: _____° _____' _____" N/ _____° _____' _____" W Total Acres: _____

Assessor's Parcel No.: _____ Section: _____ Twp.: _____ Range: _____ Base: _____

Within 2 Miles: State Hwy #: _____ Waterways: _____

Airports: _____ Railways: _____ Schools: _____

Document Type:

CEQA: ☐ NOP ☐ Draft EIR NEPA: ☐ NOI Other: ☐ Joint Document
☐ Early Cons ☐ Supplement/Subsequent EIR ☐ EA ☐ Final Document
☐ Neg Dec (Prior SCH No.) _____ ☐ Draft EIS ☐ Other _____
☐ Mit Neg Dec Other _____ ☐ FONSI

Local Action Type:

☐ General Plan Update ☐ Specific Plan ☐ Rezone ☐ Annexation
☐ General Plan Amendment ☐ Master Plan ☐ Prezone ☐ Redevelopment
☐ General Plan Element ☐ Planned Unit Development ☐ Use Permit ☐ Coastal Permit
☐ Community Plan ☐ Site Plan ☐ Land Division (Subdivision, etc.) ☐ Other _____

Development Type:

☐ Residential: Units _____ Acres _____ ☐ Water Facilities: Type _____ MGD _____
☐ Office: Sq.ft. _____ Acres _____ Employees _____ ☐ Transportation: Type _____
☐ Commercial: Sq.ft. _____ Acres _____ Employees _____ ☐ Mining: Mineral _____
☐ Industrial: Sq.ft. _____ Acres _____ Employees _____ ☐ Power: Type _____ MW _____
☐ Educational _____ ☐ Waste Treatment: Type _____ MGD _____
☐ Recreational _____ ☐ Hazardous Waste: Type _____
☐ Other: _____

Project Issues Discussed in Document:

☐ Aesthetic/Visual ☐ Fiscal ☐ Recreation/Parks ☐ Vegetation
☐ Agricultural Land ☐ Flood Plain/Flooding ☐ Schools/Universities ☐ Water Quality
☐ Air Quality ☐ Forest Land/Fire Hazard ☐ Septic Systems ☐ Water Supply/Groundwater
☐ Archeological/Historical ☐ Geologic/Seismic ☐ Sewer Capacity ☐ Wetland/Riparian
☐ Biological Resources ☐ Minerals ☐ Soil Erosion/Compaction/Grading ☐ Wildlife
☐ Coastal Zone ☐ Noise ☐ Solid Waste ☐ Growth Inducement
☐ Drainage/Absorption ☐ Population/Housing Balance ☐ Toxic/Hazardous ☐ Land Use
☐ Economic/Jobs ☐ Public Services/Facilities ☐ Traffic/Circulation ☐ Cumulative Effects
☐ Other _____

Present Land Use/Zoning/General Plan Designation:

Project Description: (please use a separate page if necessary)

Reviewing Agencies Checklist

Lead Agencies may recommend State Clearinghouse distribution by marking agencies below with an "X".
If you have already sent your document to the agency please denote that with an "S".

☐ Air Resources Board	☐ Office of Emergency Services
☐ Boating & Waterways, Department of	☐ Office of Historic Preservation
☐ CalFire	☐ Office of Public School Construction
☐ California Highway Patrol	☐ Parks & Recreation, Department of
☐ CalRecycle	☐ Pesticide Regulation, Department of
☐ Caltrans District # _____	☐ Public Utilities Commission
☐ Caltrans Division of Aeronautics	☐ Regional WQCB # _____
☐ Caltrans Planning (Headquarters)	☐ Resources Agency
☐ Central Valley Flood Protection Board	☐ S.F. Bay Conservation & Development Commission
☐ Coachella Valley Mountains Conservancy	☐ San Gabriel & Lower L.A. Rivers and Mtns Conservancy
☐ Coastal Commission	☐ San Joaquin River Conservancy
☐ Colorado River Board	☐ Santa Monica Mountains Conservancy
☐ Conservation, Department of	☐ State Lands Commission
☐ Corrections, Department of	☐ SWRCB: Clean Water Grants
☐ Delta Protection Commission	☐ SWRCB: Water Quality
☐ Education, Department of	☐ SWRCB: Water Rights
☐ Energy Commission	☐ Tahoe Regional Planning Agency
☐ Fish & Wildlife Region # _____	☐ Toxic Substances Control, Department of
☐ Food & Agriculture, Department of	☐ Water Resources, Department of
☐ General Services, Department of	
☐ Health Services, Department of	
☐ Housing & Community Development	☐ Other _____
☐ Native American Heritage Commission	☐ Other _____

Local Public Review Period (to be filled in by lead agency)

Starting Date _____ Ending Date _____

Lead Agency (Complete if applicable):

Consulting Firm: _____	Applicant: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Contact: _____	Phone: _____
Phone: _____	

Signature of Lead Agency Representative: Tina Fung Date: _____

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