

# 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 # _____
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**Project Title:** \_\_\_\_\_

Lead Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Project Location:** County: \_\_\_\_\_ City/Nearest Community: \_\_\_\_\_

Cross Streets: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Lat. / Long.: \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" N/ \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" W Total Acres: \_\_\_\_\_

Assessor's Parcel No.: \_\_\_\_\_ Section: \_\_\_\_\_ Twp.: \_\_\_\_\_ Range: \_\_\_\_\_ Base: \_\_\_\_\_

Within 2 Miles: State Hwy #: \_\_\_\_\_ Waterways: \_\_\_\_\_

Airports: \_\_\_\_\_ Railways: \_\_\_\_\_ Schools: \_\_\_\_\_

## Document Type:

CEQA:	<input type="checkbox"/> NOP	<input type="checkbox"/> Draft EIR	NEPA:	<input type="checkbox"/> NOI	Other:	<input type="checkbox"/> Joint Document
	<input type="checkbox"/> Early Cons	<input type="checkbox"/> Supplement/Subsequent EIR		<input type="checkbox"/> EA		<input type="checkbox"/> Final Document
	<input type="checkbox"/> Neg Dec	(Prior SCH No.) _____		<input type="checkbox"/> Draft EIS		<input type="checkbox"/> Other _____
	<input type="checkbox"/> Mit Neg Dec	Other _____		<input type="checkbox"/> FONSI		

## Local Action Type:

<input type="checkbox"/> General Plan Update	<input type="checkbox"/> Specific Plan	<input type="checkbox"/> Rezone	<input type="checkbox"/> Annexation
<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Master Plan	<input type="checkbox"/> Prezone	<input type="checkbox"/> Redevelopment
<input type="checkbox"/> General Plan Element	<input type="checkbox"/> Planned Unit Development	<input type="checkbox"/> Use Permit	<input type="checkbox"/> Coastal Permit
<input type="checkbox"/> Community Plan	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Land Division (Subdivision, etc.)	<input type="checkbox"/> Other _____

## Development Type:

<input type="checkbox"/> Residential: Units _____ Acres _____	<input type="checkbox"/> Water Facilities: Type _____ MGD _____
<input type="checkbox"/> Office: Sq.ft. _____ Acres _____ Employees _____	<input type="checkbox"/> Transportation: Type _____
<input type="checkbox"/> Commercial: Sq.ft. _____ Acres _____ Employees _____	<input type="checkbox"/> Mining: Mineral _____
<input type="checkbox"/> Industrial: Sq.ft. _____ Acres _____ Employees _____	<input type="checkbox"/> Power: Type _____ MW _____
<input type="checkbox"/> Educational _____	<input type="checkbox"/> Waste Treatment: Type _____ MGD _____
<input type="checkbox"/> Recreational _____	<input type="checkbox"/> Hazardous Waste: Type _____
	<input type="checkbox"/> Other: _____

## Project Issues Discussed in Document:

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

## Present Land Use/Zoning/General Plan Designation:

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

## Reviewing Agencies Checklist

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

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

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

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### Lead Agency (Complete if applicable):

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

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Signature of Lead Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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