

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: _____

Longitude/Latitude (degrees, minutes and seconds): _____° _____' _____" 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 _____	☐ Transportation: Type _____
☐ Office: Sq.ft. _____ Acres _____ Employees _____	☐ Mining: Mineral _____
☐ Commercial: Sq.ft. _____ Acres _____ Employees _____	☐ Power: Type _____ MW _____
☐ Industrial: Sq.ft. _____ Acres _____ Employees _____	☐ Waste Treatment: Type _____ MGD _____
☐ Educational: _____	☐ Hazardous Waste: Type _____
☐ Recreational: _____	☐ Other: _____
☐ Water Facilities: Type _____ MGD _____	

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	☐ Growth Inducement
☐ Coastal Zone	☐ Noise	☐ Solid Waste	☐ Land Use
☐ Drainage/Absorption	☐ Population/Housing Balance	☐ Toxic/Hazardous	☐ Cumulative Effects
☐ Economic/Jobs	☐ Public Services/Facilities	☐ Traffic/Circulation	☐ 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
☐ California Highway Patrol	☐ Office of Public School Construction
☐ Caltrans District # _____	☐ Parks & Recreation, Department of
☐ Caltrans Division of Aeronautics	☐ Pesticide Regulation, Department of
☐ Caltrans Planning	☐ Public Utilities Commission
☐ Central Valley Flood Protection Board	☐ Regional WQCB # _____
☐ Coachella Valley Mtns. Conservancy	☐ Resources Agency
☐ Coastal Commission	☐ S.F. Bay Conservation & Development Comm.
☐ Colorado River Board	☐ San Gabriel & Lower L.A. Rivers & Mtns. Conservancy
☐ Conservation, Department of	☐ San Joaquin River Conservancy
☐ Corrections, Department of	☐ Santa Monica Mtns. Conservancy
☐ Delta Protection Commission	☐ State Lands Commission
☐ Education, Department of	☐ SWRCB: Clean Water Grants
☐ Energy Commission	☐ SWRCB: Water Quality
☐ Fish & Game Region # _____	☐ SWRCB: Water Rights
☐ Food & Agriculture, Department of	☐ Tahoe Regional Planning Agency
☐ Forestry and Fire Protection, Department of	☐ Toxic Substances Control, Department of
☐ General Services, Department of	☐ Water Resources, Department of
☐ Health Services, Department of	
☐ Housing & Community Development	☐ Other: _____
☐ Integrated Waste Management Board	☐ Other: _____
☐ Native American Heritage Commission	

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: _____ Date: _____

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