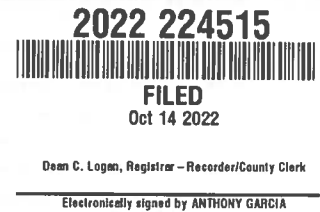


Notice of Determination

Appendix D

To: [X] Office of Planning and Research
U.S. Mail: P.O. Box 3044 Sacramento, CA 95812-3044
Street Address: 1400 Tenth St., Rm 113 Sacramento, CA 95814
[] County Clerk
County of: Los Angeles
Address: 12400 Imperial Highway Norwalk, CA 90650

From: Public Agency: County of Los Angeles
Address: 900 South Fremont Avenue Alhambra, CA 91803
Contact: Gillian Tiede
Phone: (626) 464-4583
Lead Agency (if different)
Address:
Contact:
Phone:



SUBJECT: Filing of Notice of Determination in compliance with Section 21108 or 21152 of the Public Resources Code.

State Clearinghouse Number (if submitted to State Clearinghouse): 2014111004
Project Title: Harbor-UCLA RP - Interim Helistop (Harbor-UCLA Medical Center Campus Master Plan Project)
Project Applicant: County of Los Angeles Through Public Works
Project Location (include county): 1000 West carson Street, Torrance, CA 90502
Project Description:

On August 2, 2022, the Board approved the Interim Helistop project as a make-ready component of the Harbor-UCLA Medical Center Replacement Project. The Interim Helistop project consists of an elevated helicopter landing platform on top of steel structure with ramp and stairs for access, and chain link fence enclosure. Work is in accordance with the Environmental Impact Report (EIR) Addendum certified by the Board of Supervisors on February 8, 2022 for the Harbor-UCLA Medical Center Replacement Project. The original EIR was certified on December 20, 2016.

This is to advise that the County of Los Angeles has approved the above described project on August 2, 2022 and has made the following determinations regarding the above described project.

- 1. The project [X] will [] will not] have a significant effect on the environment.
2. [X] An Environmental Impact Report was prepared for this project pursuant to the provisions of CEQA. [] A Negative Declaration was prepared for this project pursuant to the provisions of CEQA.
3. Mitigation measures [X] were [] were not] made a condition of the approval of the project.
4. A mitigation reporting or monitoring plan [X] was [] was not] adopted for this project.
5. A statement of Overriding Considerations [X] was [] was not] adopted for this project.
6. Findings [X] were [] were not] made pursuant to the provisions of CEQA.

This is to certify that the final EIR with comments and responses and record of project approval, or the negative Declaration, is available to the General Public at: County of Los Angeles Public Works Offices

Signature (Public Agency): [Signature] Title: Capital Project Program Manager

Date: 8/4/22 Date Received for filing at OPR:

Authority cited: Sections 21083, Public Resources Code. Reference Section 21000-21174, Public Resources Code.

THIS NOTICE WAS POSTED ON October 14 2022 UNTIL November 14 2022 REGISTRAR - RECORDER/COUNTY CLERK

State of California—Natural Resources Agency
CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE
2016 ENVIRONMENTAL FILING FEE CASH RECEIPT

RECEIPT # 201612211240045
STATE CLEARING HOUSE # (If applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY L.A. COUNTY DEPT. OF PUBLIC WORKS			DATE 12/21/2018
COUNTY/STATE AGENCY OF FILING LACC			DOCUMENT NUMBER 2016309060
PROJECT TITLE HARBOR-UCLA MEDICAL CENTER CAMPUS MASTER PLAN PROJECT			
PROJECT APPLICANT NAME CLARICE NASH L.A. COUNTY DEPT. OF PUBLIC WORKS			PHONE NUMBER
PROJECT APPLICANT ADDRESS 900 S. FREMONT AVE	CITY ALHAMBRA	STATE CA	ZIP CODE 91803
PROJECT APPLICANT (Check appropriate box):			
<input checked="" type="checkbox"/> Local Public Agency <input type="checkbox"/> School District <input type="checkbox"/> Other Special District <input type="checkbox"/> State Agency <input type="checkbox"/> Private Entity			

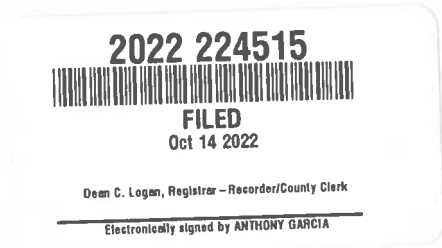
CHECK APPLICABLE FEES:

<input checked="" type="checkbox"/> Environmental Impact Report (EIR)	\$3,070.00	\$ 3,070.00
<input type="checkbox"/> Negative Declaration (ND)(MND)	\$2,210.25	\$ 0.00
<input type="checkbox"/> Application Fee Water Diversion (State Water Resources Control Board Only)	\$850.00	\$ 0.00
<input type="checkbox"/> Projects Subject to Certified Regulatory Programs (CRP)	\$1,043.75	\$ 0.00
<input checked="" type="checkbox"/> County Administrative Fee	\$60.00	\$ 75.00
<input type="checkbox"/> Project that is exempt from fees		
<input type="checkbox"/> Notice of Exemption		
<input type="checkbox"/> CDFW No Effect Determination (Form Attached)		
<input type="checkbox"/> Other _____		\$ 0.00

PAYMENT METHOD:

Cash
 Credit
 Check
 Other _____
 \$ 3,145.00

SIGNATURE X <i>[Signature]</i>	TITLE
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State of California—Natural Resources Agency
 CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE
2022 ENVIRONMENTAL FILING FEE CASH RECEIPT

RECEIPT # 202210140480010
STATE CLEARING HOUSE # (if applicable) 2014111004

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY COUNTY OF LOS ANGELES			DATE 10/14/2022
COUNTY/STATE AGENCY OF FILING LOS ANGELES			DOCUMENT NUMBER 2022224515
PROJECT TITLE HARBOR-UCLA-RP- INTERIM HELISTOP (HARBOR-UCLA MEDICAL CENTER CAMPUS MASTER PLAN PROJECT)			
PROJECT APPLICANT NAME GILLIAN TIEDE			PHONE NUMBER (626)464-4583
PROJECT APPLICANT ADDRESS 900 SOUTH FREMONT AVENUE	CITY ALHAMBRA	STATE CA	ZIP CODE 91803

PROJECT APPLICANT (Check appropriate box):

- Local Public Agency
 School District
 Other Special District
 State Agency
 Private Entity

CHECK APPLICABLE FEES:

<input type="checkbox"/> Environmental Impact Report (EIR)	\$3,539.25	\$	0.00
<input type="checkbox"/> Negative Declaration (ND)(MND)	\$2,548.00	\$	0.00
<input type="checkbox"/> Application Fee Water Diversion (State Water Resources Control Board Only)	\$850.00	\$	0.00
<input type="checkbox"/> Projects Subject to Certified Regulatory Programs (CRP)	\$1,203.25	\$	0.00
<input checked="" type="checkbox"/> County Administrative Fee	\$60.00	\$	75.00
<input type="checkbox"/> Project that is exempt from fees			
<input type="checkbox"/> Notice of Exemption			
<input type="checkbox"/> CDFW No Effect Determination (Form Attached)			
<input type="checkbox"/> Other _____		\$	0.00

PAYMENT METHOD:

- Cash
 Credit
 Check
 Other Billing
 \$ 75.00

SIGNATURE X 	TITLE INTERMEDIATE TYPIST CLERK
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