8

December 18 2024

To:  Office of Planning and Resea	roh	From: Public Agency County of Los Angeles
U.S. Mail:	Street Address:	Address 900 South Fremont Avenue
P.O. Box 3044	1400 Tenth St., Rm 113	Alhambra, CA 91803
		Contact Gillian Tiede
Sacramento, CA 95812-3044	Sacramento, CA 95814	Phone (626) 464-4583
County Clerk County of: Los Angeles Address: 12400 Imperial Hi	ghway	Lead Agency (if different from above)
Norwalk, CA 90650		Address
		ContactPhone
SUBJECT: Filing of Notice of Resources Code.	Determination in compl	iance with Section 21108 or 21152 of the Public
State Clearinghouse Number (if	submitted to State Clearı	nghouse) 2014111004
Project Title: Harbor-UCLA Re	placement Program - Cor	nstruction Change Orders
Project Applicant: Los Angeles		
111		, Torrance, CA 90502 (Los Angeles County)
change orders include the double-ended Building; a redundant source of electrical disposal of contaminated soil encounterer infrastructure for the programwide Buildin certified by the Board of Supervisors on Foundation of December 20, 2016.	electrical substation for distribution power to Intermediate Distribution d durin excavation for the Inpatient g Automation System. Work is in a ebruary 8, 2022 for the Harbor-UC	r-UCLA Medical Center Replacement Project. The approved of 480-volt power in a redundant fashion at the Outpatient/Suppor Frame Rooms at the Outpatient/Support Building; removal and Tower; and the Campus Network Integrator services and accordance with the Environmental Impact Report (EIR) Addendure CLA Medical Center Replacement Project. The original EIR was
This is to advise that the Cour	nty of Los Angeles	has approved the above esponsible Agency)
	( Lead Agency of	esponsible Agency)
described project on October (dat described project.		ne following determinations regarding the above
accompany projects		
·	Report was prepared for t	t on the environment. this project pursuant to the provisions of CEQA. t pursuant to the provisions of CEQA.
		ndition of the approval of the project.
	_	ras not] adopted for this project.
		was not] adopted for this project.
6. Findings [ were were n	•	provisions of CEQA.
This is to certify that the final El negative Declaration, is availab County of Los Angeles Public	le to the General Public a	ras not] adopted for this project. was not] adopted for this project. provisions of CEQA.  ponses and record of project approval, or the tit.
Signature (Public Agency):	J	Title: Capital Projects Program Manager
Date:11/4/2024	Date Rece	eived for filing at OPR:

## State of California—Natural Resources Agency CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE

#### 2024 ENVIRONMENTAL FILING FEE CASH RECEIPT

				KECEIP!#			
				2024111812	30019		
				STATE CLE	ARING HOUSE	# (If applica	ible)
SEE INSTRUCTIONS ON REVERSE	. TYPE OR PRINT CLE	ARLY		2014111004			
LEAD AGENCY						DATE	
COUNTY OF LOS ANGELES						11/18/202	24
COUNTY/STATE AGENCY OF FILI	NG .					DOCUME	NT NUMBER
LACC						20242372	<u>?</u> 19
PROJECT TITLE					•		
HARBOR-UCLA REPLACEMENT	PROGRAM - CONSTR	UCTION CHANGE ORDER	S				
PROJECT APPLICANT NAME						PHONE N	IUMBER
GILLIAN TIEDI PROJECT APPLICANT ADDRESS			TOITY		TOTATE	710 0001	
900 SOUTH FREMONT AVENUE			CITY		STATE	ZIP CODI	=
PROJECT APPLICANT (Check appl			ALHAMBRA		CA	91803	
✓ Local Public Agency	☐ School District	Other Special Distric	t 🔲 Stat	e Agency	☐ Private 8	Entity	
CHECK ADDITIONAL SEES.							
CHECK APPLICABLE FEES:							
☐ Environmental Impact Repo	rt (EIR)				\$4,051.25	\$	0.00
☐ Negative Declaration (ND)(I	MND)				\$2,916.75	\$	0.00
☐ Application Fee Water Dive	rsion (State Water Resoเ	urces Control Board Only)				\$	2.00
☐ Projects Subject to Certified	l Regulatory Programs (C	CRP)				\$	
☑ County Administrative Fee							
☐ Project that is exempt from	fees				<del>\$60.00</del>	\$	75.00
☐ Notice of Exemption							
_	mination (Form Attack ad)						
CDFW No Ellect Deter	mination (Form Attached)	1					
Other						\$	0.00
PAYMENT METHOD:							
☐ Cash ☐ Credit	☐ Check	✓ Other <u>Billing</u>				\$	75.00
	_						
SIGNATURE				TITI	.E		
x an							
X Chi	<del>-</del>			ITC	:		

Dean C. Logan Los Angeles County Registrar / Recorder 12400 Imperial Highway, Norwalk, CA (800)201-8999

BUSINESS FILINGS REGISTRATION

NORWALK DEPARTMENT HEADQUARTER

Cashier: T. TRAN



Monday, November 18, 2024 3:12 PM

5021A COUNTY OF LA - PUBLIC WORKS (FLOO...

#### Item(s)

Fee	Qty	Total
NoD - County Posting 2024237219	Fee 1	\$75.00
Total		\$75.00
Total Documents:		1
Customer payment(s):		
Billing		\$75.00

## ORIGINAL FILED

### **Notice of Determination**

DEC 2 1 2016

Appendix D

To:	LOS ANGELES, CO	JUHNSYNGLERK
Office of Planning and Rese		Public Agency: L.A. County Dept. of Public Works
U.S. Mail:	Street Address:	Address: 900 S. Fremont Avenue
P.O. Box 3044	1400 Tenth St., Rm 113	Alhambra, CA 91803-1331
Sacramento, CA 95812-3044	Sacramento, CA 95814	Contact: Clarice Nash, Project Manager Phone: (626) 300-2363
County Clerk County of: Los Angeles		Lead Agency (if different from above):
Address: 4716 East Cesar E. Los Angeles, CA 90		Address:
, 110, 110, 110, 110, 110, 110, 110, 11	and the state of t	
		Contact:Phone:
SUBJECT: Filing of Notice of Resources Code.	Determination in complia	ance with Section 21108 or 21152 of the Publi
State Clearinghouse Number (if	submitted to State Clearin	ghouse): 2014111004
Project Title: Harbor-UCLA Medica	al Center Campus Master Pla	n Project
Project Applicant: Los Angeles Co	ounty Department of Public W	orks
Project Location (include county)	: 1000 W. Carson Street, Tor	rance, CA 90502 (Los Angeles County)
The existing 72-acre Harbor-UCLA C developed with up to approximately a state law seismic requirements, reno replacement of aging facilities. The v 250,000 SF and would support open	campus includes 1,279,284 S 2,457,355 SF of developed flo vation of the existing Hospital vestern side of the Campus is space, surface parking, and o	ent, research, and support facilities through 2030. F of developed area. The Master Plan Project, to be for area, includes a new Hospital tower to meet tower to house non-acute care support uses, and a proposed for a new Bioscience Tech Park of up to other similar ancillary short-term uses.
This is to advise that the County (	of Los Angeles  X Lead Agency or  Res	ponsible Agency) has approved the above
described project on December 20 (date) described project.		following determinations regarding the above
1. The project [X will Will not	have a significant effect of	in the environment.
2. X An Environmental Impact R	eport was prepared for this	s project pursuant to the provisions of CEQA.
		·
		ition of the approval of the project.
4. A mitigation reporting or monito	_ ·	
5. A statement of Overriding Cons		
6. Findings [X] were \( \square \) were not	made pursuant to the pro	visions of CEQA.
This is to certify that the final EIR negative Declaration, is available Los Angeles County Department of F	to the General Public at:	nses and record of project approval, or the  Avenue, Alhambra, CA 91803-1331
Signature (Public Agency):	M.	Title: Project Manager
Date: December 20, 2016	Date Receive	d for filing at OPR: December 21, 2016

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

			RECEIF	T#			
			201612	201612211240045			
			STATE	CLEARING HOUS	E# (If applic	able)	
SEE INSTRUCTIONS ON REVE	RSE. TYPE OR PRINT CLE	EARLY					
LEAD AGENCY					DATE		
L.A. COUNTY DEPT. OF PUB					12/21/20	16	
COUNTY/STATE AGENCY OF	FILING				DOCUME	ENT NUMBER	
LACC					2016309	060	
PROJECT TITLE							
PROJECT APPLICANT NAME	ENTER CAMPUS MASTER	PLAN PROJECT			IDUONE	W Waco	
CLARICE NASH L.A. COUNT	V DEDT. OF BURDE WOR	VC.			PHONE	NUMBER	
PROJECT APPLICANT ADDRE		NS I	CITY	ISTATE	ZIP COD	F	
900 S. FREMONT AVE			ALHAMBRA	CA	91803		
PROJECT APPLICANT (Check	appropriate box):				101000		
☑ Local Public Agency	☐ School District	☐ Other Special District	☐ State Agency	☐ Privat	e Entity		
☐ Projects Subject to Cert ☐ County Administrative F ☐ Project that is exempt fro ☐ Notice of Exemption ☐ CDFW No Effect De	D)(MND) Diversion (State Water Resoultied Regulatory Programs (Clee Dim fees elermination (Form Attached)	CRP)		\$3,070.00 \$2,210.25 \$850.00 \$1,043.75 \$60.90	\$ \$ \$ \$	3,070.00 0.00 0.00 0.00 75.00	
Other					\$	0.00	
PAYMENT METHOD:							
☐ Cash ☐ Credit	☑ Check	Other			\$	3,145.00	
SIGNATURE				TITLE			
v tiles 5	· ·						
X							

2024 237219
FILED
Nov 18 2024

Dean C. Logan, Registrar - Recorder/County Clerk

Electronically signed by TINA TRAN