



FILED

Feb 13 2025

Dear, C. Logan, Registrar - Recorder/County Clerk

Electronically signed by RICKENA MCCLAIN

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 from above):
Address:
Contact:
Phone:

THIS NOTICE WAS POSTED

ON February 13 2025

UNTIL March 17 2025

REGISTRAR - RECORDER/COUNTY CLERK

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 Replacement Program - Generator Building Retrofit Project Component
Project Applicant: Los Angeles County Department of Public Works
Project Location (include county): 1000 W. Carson Street, Torrance, CA 90502 (Los Angeles County)

Project Description:

On February 4, 2025, the Board adopted plans and specifications for the Generator Building Retrofit Project under the Harbor-UCLA Medical Center Replacement Program, instructed the Executive Officer of the Board to advertise for bids, and authorized the Director of Public Works to award and execute a construction contract to the apparent lowest responsive and responsible bidder. Additionally, the Internal Services Department, as the County's Purchasing Agent, was authorized to proceed with the Sole Source acquisition of electrical maintenance equipment. 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 (X Lead Agency or [ Responsible Agency)

described project on February 4, 2025 and has made the following determinations regarding the above (date) 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 Projects Program Manager

Date: 2/11/24 Date Received for filing at OPR:

State of California—Natural Resources Agency  
 CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE  
**2025 ENVIRONMENTAL FILING FEE CASH RECEIPT**

RECEIPT # 202502130460008
STATE CLEARING HOUSE # (If applicable) 2014111004

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY COUNTY OF LOS ANGELES	DATE 02/13/2025
COUNTY/STATE AGENCY OF FILING LOS ANGELES	DOCUMENT NUMBER 2025031133

PROJECT TITLE  
HARBOR-UCLA REPLACEMENT PROGRAM- GENERATOR BUILDING RETROFIT PROJECT COMPONENT

PROJECT APPLICANT NAME GILLIAN TIEDE	PHONE NUMBER
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PROJECT APPLICANT ADDRESS 900 SOUTH FREMONT AVENUE	CITY ALHAMBRA	STATE CA	ZIP CODE 91803
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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)  | \$4,123.50 | \$ _____ | 0.00  |
| <input type="checkbox"/> Negative Declaration (ND)(MND)   | \$2,968.75 | \$ _____ | 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)                    | \$1,401.75 | \$ _____ | 0.00  |
| <input checked="" type="checkbox"/> County Administrative Fee                                       | \$50.00    | \$ _____ | 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 CLERK
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Dean C. Logan  
Los Angeles County Registrar / Recorder  
12400 Imperial Highway, Norwalk, CA  
(800)201-8999

BUSINESS FILINGS REGISTRATION

NORWALK DEPARTMENT HEADQUARTER

Cashier: R. MCCLAIN



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Thursday, February 13, 2025 2:32 PM

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COUNTY OF LA - PUBLIC WORKS (FLOO...

Item(s)

<u>Fee</u>	<u>Qty</u>	<u>Total</u>
NoD - County Posting Fee 2025031133	1	\$75.00
<b>Total</b>		<b>\$75.00</b>

Total Documents: 1

Customer payment(s):

Billing \$75.00



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 12/21/2016
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:

<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input checked="" type="checkbox"/> Check <input type="checkbox"/> Other _____	\$ 3,145.00
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SIGNATURE X 	TITLE
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