

ON November 19 2024

UNTIL December 19 2024

PN01
210

Notice of Determination

Appendix D

REGISTRAR - RECORDER/COUNTY CLERK

To:

Office of Planning and Research
 U.S. Mail: Street Address:
 P.O. Box 3044 1400 Tenth St., Rm 113
 Sacramento, CA 95812-3044 Sacramento, CA 95814

From:

Public Agency: County of Los Angeles, Public Works
 Address: 900 South Fremont Avenue
Alhambra, CA 91803
 Contact: Gillian Tiede
 Phone: 626-464-4583

County Clerk
 County of: Los Angeles
 Address: 12400 East Imperial Hwy
Alhambra, CA 91803

Lead Agency (if different from above):
 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): 2010031040

Project Title: Martin Luther King, Jr. Transitional Age Youth (TAY) Drop-In Center Tier II Project - 6th Addendum

Project Applicant: Gillian Tiede

Project Location (include county): 1807 E. 120th Street, Los Angeles, CA 90059

Project Description:

The project scope of work includes demolition of existing asphalt parking, landscaping, and gravel lot area and construction of an approximately 9,000-square-foot two-story building and associated site work. The building will include exam rooms, meeting rooms, offices, open lounge area, a laundry room and kitchen. The building will have a double-height atrium space. The exterior site work will include hardscape, landscape, and access ramp and stairs.

This is to advise that the County of Los Angeles has approved the above
 Lead Agency or Responsible Agency)

described project on 11/06/2024 and has made the following determinations regarding the above
(date)
described project.

1. The project will will not] have a significant effect on the environment.
2. 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 were were not] made a condition of the approval of the project.
4. A mitigation reporting or monitoring plan was was not] adopted for this project.
5. A statement of Overriding Considerations was was not] adopted for this project.
6. Findings 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:

Los Angeles County Public Works - 900 South Fremont Avenue, 5th Floor, Alhambra, CA 91803

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

Date: 11/12/2024 Date Received for filing at OPR: _____



Dear Sir, I am Registrar - Recorder/County Clerk
Electronically signed by COURTNEY MARFITZ

State of California—Natural Resources Agency
 CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE
2024 ENVIRONMENTAL FILING FEE CASH RECEIPT

RECEIPT # 202411190470004
STATE CLEARING HOUSE # (If applicable) 2010031040

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY COUNTY OF LOS ANGELES PUBLIC WORKS			DATE 11/19/2024
COUNTY/STATE AGENCY OF FILING LOS ANGELES			DOCUMENT NUMBER 2024237796
PROJECT TITLE MARTIN LUTHER KING, JR. TRANSITIONAL AGE YOUTH (TAY) DROP-IN CENTER TIER II PROJECT - 6TH ADDENDUM			
PROJECT APPLICANT NAME GILLIAN TIEDE			PHONE NUMBER
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) | \$4,051.25 | \$ _____ | 0.00 |
| <input type="checkbox"/> Negative Declaration (ND)(MND) | \$2,916.75 | \$ _____ | 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) | \$1,377.25 | \$ _____ | 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 ITC
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| <input type="checkbox"/> Notice of Exemption | | | |
| <input type="checkbox"/> CDFW No Effect Determination (Form Attached) | | | |
| <input type="checkbox"/> Other _____ | | \$ | 0.00 |

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