THIS NOTICE WAS POSTED

ON June 12 2025

UNTIL ____ July 14 2025



Dean C. Logan, Registrar - Recorder/County Clerk

Notice of Determination REGISTRAR - RECORDER/COUNTY CLERK

o: Office of Planning and Researd	ch	From: Public Agency: County of Los Angeles		
<i>U.S. Mail:</i> P.O. Box 3044 Sacramento, CA 95812-3044	<i>Street Address:</i> 1400 Tenth St., Rm 113	Address: <u>900 South Fremont Avenue</u> Alhambra, CA 91803 Contact: Gillian Tiede Phone: (626) 464-4583		
County Clerk County of: Los Angeles Address: 12400 Imperial Highway Norwalk, CA 90650		Lead Agency (if different from above):		
		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 Replacement Program - Construction Change Orders

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 May 13, 2025, the Board adopted two change orders for the Harbor-UCLA Medical Center Replacement Program. The approved change orders include design and construction of a low-voltage ductbank between the existing hospital tower, Outpatient/Support Building, Inpatient Tower, and Building N-25, and a utility ductbank between the new Central Utility Plant and the existing Surgery/Emergency Building. 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 (Lead Agency or Responsible Agency)	has approved the above
described project on <u>May 13, 2025</u> and has made the following determinatio (date)	ns regarding the above
described project.	
1. The project [III will I will not] have a significant effect on the environment.	
2. An Environmental Impact Report was prepared for this project pursuant to the A Negative Declaration was prepared for this project pursuant to the provision	ons of CEQA.
3. Mitigation measures [III were III] were not] made a condition of the approval o	f the project.
4. A mitigation reporting or monitoring plan [I was was not] adopted for this	project.
5. A statement of Overriding Considerations [was D was not] adopted for this	project.
6. Findings [were C were not] made pursuant to the provisions of CEQA.	
This is to certify that the final EIR with comments and responses and record of pro- negative Declaration, is available to the General Public at: County of Los Angeles Public Works Offices	oject approval, or the
Signature (Public Agency):	jects Program Manager
Date: Date Received for filing at OPR:	

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

Revised 2011

CALIFORNIA State of California—Department of Fish and Wi		FEE				
CASH RECEIPT	RECEIPT Number:	RECEIPT Number:				
DFW 753.5a (REV. 01/01/25) Previously DFG 753.5a			19 - 06/12/2	025	202506121230013	
			STATE CLEARING	HOUSE #	(If applicable)	
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.			2014111004			
LEAD AGENCY	LEAD AG	ENCY EMAIL		DATE		
COUNTY OF LOS ANGELES				06/12/20;	25	
COUNTY/STATE AGENCY OF FILING	I				ENT NUMBER	
LOS ANGELES						
PROJECT TITLE				20251203	300	
HARBOR-UCLA REPLACEMENT PROGRAM - CONSTRUCTION	N CHANGE	ORDERS				
PROJECT APPLICANT NAME	PROJEC	T APPLICANT EMAIL		PHONE NUMBER		
GILLIAN TIEDE				(626)464	-4583	
PROJECT APPLICANT ADDRESS	CITY	ST	ATE	ZIP COD		
900 SOUTH FREMONT AVENUE	ALHAMB	RA CA		91803		
PROJECT APPLICANT (Check appropriate box):		· · · · · · · · · · · · · · · · · · ·				
Local Public Agency School District	Other Spec	cial District 🔲 Sta	te Agency] Private E	ntity	
CHECK APPLICABLE FEES:						
Environmental Impact Report (EIR)				\$4,123.50	\$ 0.00	
Mitigated/Negative Declaration (MND)(ND)				\$2,968.75		
Certified Regulatory Program (CRP) document - payment du	ue directly to	CDFW		\$1,401.75	*	
Exempt from fee						
Notice of Exemption (attach)						
CDFW No Effect Determination (attach)						
Fee previously paid (attach previously issued cash receipt co	nvì					
 Water Right Application or Petition Fee (State Water Resource County documentary handling fee 	ces Control	Board only)		\$850.00	\$0.00	
					\$75.00	
Other					\$0.00	
PAYMENT METHOD:						
🗌 Cash 📋 Credit 🗌 Check 🗹 O	ther		TOTAL REC	EIVED	\$75.00	
SIGNATURE		AGENCY OF FILING	PRINTED NAME ANI	D TITLE		
X toran		IC				

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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: T. TRAN * 2 0 2 5 0 6 1 2 1 2 3			
Thursday, June 12, 2025	2:57 PM		
5021A COUNTY OF LA - PUBLIC WORKS (FLOO			
Item(s)			
Fee Qty	Total		
NoD - County Posting Fee 1 2025120300	\$75 .00		
Total	\$75.00		
Total Documents:	1		
Customer payment(s):			
Billing	\$75.00		

Notice of Determination DEC 2.1	Appendix D
To: LOS ANGELES, CO ☑ 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	Public Agency: L.A. County Dept. of Public Works Address: 900 S. Fremont Avenue Alhambra, CA 91803-1331 Contact: Clarice Nash, Project Manager Phone: (626) 300-2363
County Clerk County of: Los Angeles Address: 4716 East Cesar E. Chavez Avenue	Lead Agency (if different from above):
Los Angeles, CA 90022	Address:
	Contact:Phone:
SUBJECT: Filing of Notice of Determination in complia Resources Code.	nce with Section 21108 or 21152 of the Public
State Clearinghouse Number (if submitted to State Clearing	ghouse): 2014111004
Project Title: Harbor-UCLA Medical Center Campus Master Plan	n Project
Project Applicant: Los Angeles County Department of Public W	orks
Project Location (include county):1000 W. Carson Street, Torr	
The existing 72-acre Harbor-UCLA Campus includes 1,279,284 SI developed with up to approximately 2,457,355 SF of developed flo state law seismic requirements, renovation of the existing Hospital replacement of aging facilities. The western side of the Campus is 250,000 SF and would support open space, surface parking, and c This is to advise that the County of Los Angeles	or area, includes a new Hospital tower to meet tower to house non-acute care support uses, and proposed for a new Bioscience Tech Park of up to other similar ancillary short-term uses.
(X) Lead Agency or C Res	ponsible Agency)
described project on <u>December 20, 2016</u> and has made the (date) described project.	following determinations regarding the above
 The project [X] will [] will not] have a significant effect of An Environmental Impact Report was prepared for this A Negative Declaration was prepared for this project p Mitigation measures [X] were [] were not] made a cond A mitigation reporting or monitoring plan [X] was [] was A statement of Overriding Considerations [X] was [] was Findings [X] were [] were not] made pursuant to the pro- 	s project pursuant to the provisions of CEQA. pursuant to the provisions of CEQA. ition of the approval of the project. not] adopted for this project. s not] adopted for this project.
his is to certify that the final EIR with comments and respon- tegative Declaration, is available to the General Public at: Los Angeles County Department of Public Works, 900 S. Fremont	
Signature (Public Agency):	Title: Project Manager
Date: December 20, 2016 Date Receive	d for filing at OPR: December 21, 2016

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

Revised 2011

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

					RECEIPT			
					20161221			
					STATE CL	EARING HOUS	SE # (If appl	icable)
		SE. TYPE OR PRINT CLE	ARLY					
LEAD AG	ENCY						DATE	
	DUNTY DEPT. OF PUBLI						12/21/2	016
COUNTY	STATE AGENCY OF FIL	ING					DOCUN	IENT NUMBER
LACC							201630	9060
PROJECT								
	· · · · · · · · · · · · · · · · · · ·	TER CAMPUS MASTER I	PLAN PROJECT					
	APPLICANT NAME						PHONE	NUMBER
-		DEPT. OF PUBLIC WORK	(S					
	APPLICANT ADDRESS	i		CITY		STATE	ZIP COI	DE
	FREMONT AVE			ALHAMBRA		CA	91803	
	APPLICANT (Check app							
<u>[√]</u> L(ocal Public Agency	School District	Other Special Distric	t 🗌 State	з Аделсу	Private	e Entity	
CHECK A	PPLICABLE FEES:							
1	Environmental Impact Rep	ort (EIR)				\$3,070.00	\$	3,070.00
	Negative Declaration (ND)	(MND)				\$2,210.25	s	0.00
	Application Fee Water Dive	ersion (State Water Resou	rces Control Board Only)			\$850.00	s	0.00
D F	rojects Subject to Certifie	d Regulatory Programs (Cl	RP)			\$1,043.75	s	0.00
☑						* s	75.00	
D F	Project that is exempt from	fees					ð	
Г	Notice of Exemption							
-	- CDEW No Effect Date	mination (Form Attached)						
L	-							
00	ther		<u></u>				\$	0.00
PAYMENT	METHOD:							
	ash 🔲 Credit	Check	Other				\$	3,145.00

SIGNATURE	TITLE
X tills Si	

COPY - LEAD AGENCY