

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
[X] County Clerk
County of: Los Angeles
Address: 12400 Imperial Highway Norwalk, CA 90650-3134

From: County of Los Angeles
Public Agency: Dept. of Public Works
Address: 900 S. Fremont Avenue Alhambra, CA 91803-1331
Contact: Bella (Jeong Yeon) Cho
Phone: 626.458.2556
Lead Agency (if different from above):
City of Inglewood
Address: Planning Division 1 Manchester Blvd., Inglewood, CA 90301
Contact: Mindy Wilcox, Planning Manager
Phone: 310-412-5230

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

State Clearinghouse Number (if submitted to State Clearinghouse): n/a
Project Title: 20-Unit Residential Subdivision
Project Applicant: County of Los Angeles Department of Public Works
Project Location (include county): 113-133 Plymouth Street, Inglewood, CA (Los Angeles County,

2024 122078
FILED
Jun 06 2024
Dean C. Logan, Registrar - Recorder/County Clerk
Electronically signed by LAKEISHA MCCOY

Project Description: The project consists of a 20-unit residential townhome subdivision on a 29,593 square-foot property with 45 parking spaces. The Los Angeles County Flood Control District (District) will quitclaim its easements for the covered storm drain and appurtenant structures related to Project Number 181-271 Fairview-Hyde Park Drain.

This is to advise that the County of Los Angeles Board of Supervisors acting as the governing body of the Los Angeles County Flood Control District has approved the above ([] Lead Agency or [X] Responsible Agency) described project on 05/07/2024 (date) and has made the following determinations regarding the above described project.

- 1. The project [] will [X] 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. [X] 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 [] was [X] was not adopted for this project.
6. Findings [] were [X] 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 Department of Public Works, Survey/Mapping & Property Management Division, Real Estate Section, 10th Floor, 900 S. Fremont Avenue, Alhambra 91803
https://www.cityofinglewood.org/DocumentCenter/View/12228/113-133-W-Plymouth-St-Draft-MNDto-City-of-Inglewood-September-2018?bidId=
Signature (Public Agency): [Signature] Title: Real Property Agent

Date: 06/06/2024 Date Received for filing at OPR:

THIS NOTICE WAS POSTED
ON June 06 2024
UNTIL July 08 2024
REGISTRAR - RECORDER/COUNTY CLERK

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

State of California—Natural Resources Agency
CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE
2018 ENVIRONMENTAL FILING FEE CASH RECEIPT

RECEIPT # 201810091230002
STATE CLEARING HOUSE # (if applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY CITY OF INGLEWOOD PLANNING DIVISION	DATE 10/09/2018
COUNTY/STATE AGENCY OF FILING LOS ANGELES	DOCUMENT NUMBER 2018254280

PROJECT TITLE
20-UNITE RESIDENTIAL SUBDIVISION

PROJECT APPLICANT NAME MINDY CITY OF INGLEWOOD PLANNING DIVISION	PHONE NUMBER (310)412-5230
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PROJECT APPLICANT ADDRESS 1 MANCHESTER BLVD	CITY INGLEWOOD	STATE CA	ZIP CODE 90301
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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)	\$3,168.00	\$ 0.00
<input checked="" type="checkbox"/> Negative Declaration (ND)(MND)	\$2,280.75	\$ 2,280.75
<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)	\$1,077.00	\$ 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:		\$ 2,355.75
<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input checked="" type="checkbox"/> Check <input type="checkbox"/> Other _____		

SIGNATURE X	TITLE
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2024 122078

FILED
 Jun 06 2024
 Dean C. Logan, Registrar - Recorder/County Clerk
 Electronically signed by LAKEISHA MCCOY

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

RECEIPT # 202406060490002
STATE CLEARING HOUSE # (if applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY CITY OF INGLEWOOD			DATE 06/06/2024
COUNTY/STATE AGENCY OF FILING COUNTY OF LOS ANGELES			DOCUMENT NUMBER 2024122078
PROJECT TITLE 20-UNIT RESIDENTIAL SUBDIVISION			
PROJECT APPLICANT NAME MINDY WILCOX			PHONE NUMBER (310)412-5230
PROJECT APPLICANT ADDRESS 1 MANCHESTER BL.	CITY INGLEWOOD	STATE CA	ZIP CODE 90301

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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