

Notice of Completion & Environmental Document Transmittal

Mail to: State Clearinghouse, P.O. Box 3044, Sacramento, CA 95812-3044 (916) 445-0613
 For Hand Delivery/Street Address: 1400 Tenth Street, Sacramento, CA 95814

SCH #

Project Title: Northern Calif Congregational Retirement Homes Inc (Carmel Valley Manor)

Lead Agency: County of Monterey Housing & Community Development Contact Person: Steve Mason
 Mailing Address: 1441 Schilling Place 2nd Floor Phone: (831) 759-7375
 City: Salinas Zip: 93901 County: Monterey

Project Location: County: Monterey City/Nearest Community: Carmel (Unincorporated)
 Cross Streets: Carmel Valley Road & Carmel Valley Manor Entrance Driveway Zip Code: 93923

Longitude/Latitude (degrees, minutes and seconds): 36 ° 31 ' 54 " N / 121 ° 49 ' 34 " W Total Acres: 24.76

Assessor's Parcel No.: 169-061-012-000 (Primary) & 169-061-017-000 Section: _____ Twp.: _____ Range: _____ Base: _____

Within 2 Miles: State Hwy #: _____ Waterways: Carmel River
 Airports: _____ Railways: _____ Schools: Carmelo/All Saints/CV High School

Document Type:

CEQA: NOP Draft EIR NEPA: NOI Other: Joint Document
 Early Cons Supplement/Subsequent EIR EA Final Document
 Neg Dec (Prior SCH No.) _____ Draft EIS Other: _____
 Mit Neg Dec Other: _____ FONSI _____

Local Action Type:

General Plan Update Specific Plan Rezone Annexation
 General Plan Amendment Master Plan Prezone Redevelopment
 General Plan Element Planned Unit Development Use Permit Coastal Permit
 Community Plan Site Plan Land Division (Subdivision, etc.) Other: Combined Development Permit

Development Type:

Residential: Units 19 Acres 22.7
 Office: Sq.ft. _____ Acres _____ Employees _____ Transportation: Type _____
 Commercial: Sq.ft. _____ Acres _____ Employees _____ Mining: Mineral _____
 Industrial: Sq.ft. _____ Acres _____ Employees _____ Power: Type _____ MW _____
 Educational: _____ Waste Treatment: Type _____ MGD _____
 Recreational: 1,980 SF Fitness Center addition/1,650 SF Meeting House addition Hazardous Waste: Type _____
 Water Facilities: Type _____ MGD _____ Other: 10,110 SF Memory Care Center and 8 Guest Units

Project Issues Discussed in Document:

Aesthetic/Visual Fiscal Recreation/Parks Vegetation
 Agricultural Land Flood Plain/Flooding Schools/Universities Water Quality
 Air Quality Forest Land/Fire Hazard Septic Systems Water Supply/Groundwater
 Archeological/Historical Geologic/Seismic Sewer Capacity Wetland/Riparian
 Biological Resources Minerals Soil Erosion/Compaction/Grading Growth Inducement
 Coastal Zone Noise Solid Waste Land Use
 Drainage/Absorption Population/Housing Balance Toxic/Hazardous Cumulative Effects
 Economic/Jobs Public Services/Facilities Traffic/Circulation Other: Greenhouse gas emission

Present Land Use/Zoning/General Plan Designation:

Senior Living Community/"Residential - Low Density 5-1 Acres/Unit"

Project Description: (please use a separate page if necessary)

Combined Development Permit consisting of a: 1) Administrative Permit and Design Approval to allow demolition of three (3) residential units, seven (7) guest units, a wood shop, three (3) carport structures, and construction of nineteen (19) residential units, eight (8) guest units, a 12-bed memory care facility, additions to the existing fitness center and meeting house and associated site improvements including grading in the amount of approximately 7,100 cubic yards of cut and fill; 2) Use Permit to allow development on slopes in excess of 25%; and 3) Use Permit to allow the removal of approximately 61 protected Oak trees.

Note: The State Clearinghouse will assign identification numbers for all new projects. If a SCH number already exists for a project (e.g. Notice of Preparation or previous draft document) please fill in.

Reviewing Agencies Checklist

Lead Agencies may recommend State Clearinghouse distribution by marking agencies below with an "X".
If you have already sent your document to the agency please denote that with an "S".

<input type="checkbox"/> Air Resources Board	<input checked="" type="checkbox"/> Office of Historic Preservation
<input type="checkbox"/> Boating & Waterways, Department of	<input type="checkbox"/> Office of Public School Construction
<input type="checkbox"/> California Emergency Management Agency	<input type="checkbox"/> Parks & Recreation, Department of
<input type="checkbox"/> California Highway Patrol	<input type="checkbox"/> Pesticide Regulation, Department of
<input checked="" type="checkbox"/> Caltrans District # <u>5</u>	<input type="checkbox"/> Public Utilities Commission
<input type="checkbox"/> Caltrans Division of Aeronautics	<input type="checkbox"/> Regional WQCB # _____
<input type="checkbox"/> Caltrans Planning	<input type="checkbox"/> Resources Agency
<input type="checkbox"/> Central Valley Flood Protection Board	<input type="checkbox"/> Resources Recycling and Recovery, Department of
<input type="checkbox"/> Coachella Valley Mtns. Conservancy	<input type="checkbox"/> S.F. Bay Conservation & Development Comm.
<input type="checkbox"/> Coastal Commission	<input type="checkbox"/> San Gabriel & Lower L.A. Rivers & Mtns. Conservancy
<input type="checkbox"/> Colorado River Board	<input type="checkbox"/> San Joaquin River Conservancy
<input type="checkbox"/> Conservation, Department of	<input type="checkbox"/> Santa Monica Mtns. Conservancy
<input type="checkbox"/> Corrections, Department of	<input type="checkbox"/> State Lands Commission
<input type="checkbox"/> Delta Protection Commission	<input type="checkbox"/> SWRCB: Clean Water Grants
<input type="checkbox"/> Education, Department of	<input type="checkbox"/> SWRCB: Water Quality
<input type="checkbox"/> Energy Commission	<input type="checkbox"/> SWRCB: Water Rights
<input checked="" type="checkbox"/> Fish & Game Region # <u>4</u>	<input type="checkbox"/> Tahoe Regional Planning Agency
<input type="checkbox"/> Food & Agriculture, Department of	<input type="checkbox"/> Toxic Substances Control, Department of
<input type="checkbox"/> Forestry and Fire Protection, Department of	<input type="checkbox"/> Water Resources, Department of
<input type="checkbox"/> General Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Health Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Housing & Community Development	
<input type="checkbox"/> Native American Heritage Commission	

Local Public Review Period (to be filled in by lead agency)

Starting Date March 2, 2026 Ending Date April 1, 2026

Lead Agency (Complete if applicable):

Consulting Firm: _____	Applicant: <u>Jay Zimmer</u>
Address: _____	Address: <u>8545 Carmel Valley Road</u>
City/State/Zip: _____	City/State/Zip: <u>Carmel, CA 93923</u>
Contact: _____	Phone: <u>(831) 626-4707</u>
Phone: _____	

Signature of Lead Agency Representative: /s/ Steve Mason, Associate Planner Date: 2/27/26

Authority cited: Section 21083, Public Resources Code. Reference: Section 21161, Public Resources Code.