

**Notice of Determination****Appendix D****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

☐ 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:

***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 has approved the above  
 (☒ Lead Agency or ☐ Responsible Agency)

described project on May 13, 2025 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:

County of Los Angeles Public Works Offices

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

Date: 6/5/25 Date Received for filing at OPR: \_\_\_\_\_



State of California—Department of Fish and Wildlife

**2025 ENVIRONMENTAL DOCUMENT FILING FEE  
CASH RECEIPT**

DFW 753.5a (REV. 01/01/25) Previously DFG 753.5a

RECEIPT Number:

19 — 06/12/2025 — 202506121230013

STATE CLEARING HOUSE # (If applicable)

2014111004

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY	LEAD AGENCY EMAIL	DATE
COUNTY OF LOS ANGELES		06/12/2025
COUNTY/STATE AGENCY OF FILING		DOCUMENT NUMBER
LOS ANGELES		2025120300
PROJECT TITLE		
HARBOR-UCLA REPLACEMENT PROGRAM - CONSTRUCTION CHANGE ORDERS		
PROJECT APPLICANT NAME	PROJECT APPLICANT EMAIL	PHONE NUMBER
GILLIAN TIEDE		(626)464-4583
PROJECT APPLICANT ADDRESS	CITY STATE	ZIP CODE
900 SOUTH FREMONT AVENUE	ALHAMBRA CA	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)	\$4,123.50	\$ 0.00
<input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)	\$2,968.75	\$ 0.00
<input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW	\$1,401.75	\$ 0.00
<input type="checkbox"/> Exempt from fee		
<input type="checkbox"/> Notice of Exemption (attach)		
<input type="checkbox"/> CDFW No Effect Determination (attach)		
<input type="checkbox"/> Fee previously paid (attach previously issued cash receipt copy)		
<input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only)	\$850.00	\$ 0.00
<input checked="" type="checkbox"/> County documentary handling fee		\$ 75.00
<input type="checkbox"/> Other		\$ 0.00

## PAYMENT METHOD:

☐ Cash ☐ Credit ☐ Check ☒ Other

TOTAL RECEIVED \$ 75.00

SIGNATURE

X

AGENCY OF FILING PRINTED NAME AND TITLE

IC

## ORIGINAL FILED

## Notice of Determination

DEC 21 2016

Appendix D

To:

LOS ANGELES COUNTY CLERK

☒ Office of Planning and Research

U.S. Mail:

Street Address:

Public Agency: L.A. County Dept. of Public Works

Address: 900 S. Fremont Avenue

Alhambra, CA 91803-1331

P.O. Box 3044

1400 Tenth St., Rm 113

Contact: Clarice Nash, Project Manager

Sacramento, CA 95812-3044 Sacramento, CA 95814

Phone: (626) 300-2363

☒ County Clerk

County of: Los Angeles

Lead Agency (if different from above):

Address: 4716 East Cesar E. Chavez Avenue

Address:

Los Angeles, CA 90022

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 Medical Center Campus Master Plan Project

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:

The Master Plan Project involves development of hospital, outpatient, research, and support facilities through 2030. The existing 72-acre Harbor-UCLA Campus includes 1,279,284 SF of developed area. The Master Plan Project, to be developed with up to approximately 2,457,355 SF of developed floor area, includes a new Hospital tower to meet state law seismic requirements, renovation of the existing Hospital tower to house non-acute care support uses, and replacement of aging facilities. The western side of the Campus is proposed for a new Bioscience Tech Park of up to 250,000 SF and would support open space, surface parking, and other similar ancillary short-term uses.

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

described project on December 20, 2016 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 Department of Public Works, 900 S. Fremont Avenue, Alhambra, CA 91803-1331

Signature (Public Agency):

Title: Project Manager

Date: December 20, 2016

Date Received for filing at OPR: December 21, 2016

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			DATE
L.A. COUNTY DEPT. OF PUBLIC WORKS			12/21/2016
COUNTY/STATE AGENCY OF FILING			DOCUMENT NUMBER
LACC			2016309060
PROJECT TITLE			
HARBOR-UCLA MEDICAL CENTER CAMPUS MASTER PLAN PROJECT			
PROJECT APPLICANT NAME			PHONE NUMBER
CLARICE NASH L.A. COUNTY DEPT. OF PUBLIC WORKS			
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE
900 S. FREMONT AVE	ALHAMBRA	CA	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	<del>\$50.00</del>	\$ 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 \_\_\_\_\_    \$ 3,145.00

SIGNATURE	TITLE
X 	