

# 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 April 14, 2026, the Board adopted two change orders for the Harbor-UCLA Medical Center Replacement Program. The approved change orders include design, furnishing, and installation of a secondary domestic water line to the existing Surgery/Emergency Building; and the decrease in spacing between wireless access points from 1,600 square feet per device to 600 square feet at the Inpatient Tower. 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 April 16, 2026 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: 5/11/26 Date Received for filing at OPR: \_\_\_\_\_



State of California—Department of Fish and Wildlife  
**2026 ENVIRONMENTAL DOCUMENT FILING FEE  
 CASH RECEIPT**

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

RECEIPT Number: 19 — 05/12/2026 — 202605121240011
STATE CLEARING HOUSE # (if applicable) 2014111004

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY COUNTY OF LOS ANGELES	LEAD AGENCY EMAIL	DATE 05/12/2026
COUNTY/STATE AGENCY OF FILING LOS ANGELES	DOCUMENT NUMBER 2026104848	
PROJECT TITLE HARBOR-UCLA REPLACEMENT PROGRAM - CONSTRUCTION CHANGE ORDERS		
PROJECT APPLICANT NAME RICK SUN COUNTY OF LOS ANGELES	PROJECT APPLICANT EMAIL	PHONE NUMBER
PROJECT APPLICANT ADDRESS 900 S FREMONT AVE	CITY ALHAMBRA	STATE CA
		ZIP CODE 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:

- Environmental Impact Report (EIR) \$4,227.50 \$ 0.00
- Mitigated/Negative Declaration (MND)(ND) \$3,043.75 \$ 0.00
- Certified Regulatory Program (CRP) document - payment due directly to CDFW \$1,437.25 \$ 0.00
- Exempt from fee
  - Notice of Exemption (attach)
  - CDFW No Effect Determination (attach)
- Fee previously paid (attach previously issued cash receipt copy)

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- Water Right Application or Petition Fee (State Water Resources Control Board only) \$850.00 \$ 0.00
- County documentary handling fee \$ 25.00
- Other \$ 0.00

PAYMENT METHOD:

- Cash     Credit     Check     Other

TOTAL RECEIVED \$ 25.00

SIGNATURE X	AGENCY OF FILING PRINTED NAME AND TITLE SAVANNAH RODRIGUEZ,
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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  
900 S. Fremont Avenue  
 P.O. Box 3044 1400 Tenth St., Rm 113 Alhambra, CA 91803-1331  
 Sacramento, CA 95812-3044 Sacramento, CA 95814 Contact: Clarice Nash, Project Manager  
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 L.A. COUNTY DEPT. OF PUBLIC WORKS			DATE 12/21/2016
COUNTY/STATE AGENCY OF FILING LACC			DOCUMENT NUMBER 2016309060
PROJECT TITLE HARBOR-UCLA MEDICAL CENTER CAMPUS MASTER PLAN PROJECT			
PROJECT APPLICANT NAME CLARICE NASH L.A. COUNTY DEPT. OF PUBLIC WORKS			PHONE NUMBER
PROJECT APPLICANT ADDRESS 900 S. FREMONT AVE	CITY ALHAMBRA	STATE CA	ZIP CODE 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	\$	<u>3,070.00</u>
<input type="checkbox"/> Negative Declaration (ND)(MND)	\$2,210.25	\$	<u>0.00</u>
<input type="checkbox"/> Application Fee Water Diversion (State Water Resources Control Board Only)	\$850.00	\$	<u>0.00</u>
<input type="checkbox"/> Projects Subject to Certified Regulatory Programs (CRP)	\$1,043.75	\$	<u>0.00</u>
<input checked="" type="checkbox"/> County Administrative Fee	<del>\$50.00</del>	\$	<u>75.00</u>
<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 _____		\$	<u>0.00</u>

**PAYMENT METHOD:**

Cash     Credit     Check     Other \_\_\_\_\_    \$ 3,145.00

SIGNATURE X 	TITLE
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