

Notice of Determination

Appendix D

To:

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

County Clerk
County of: San Diego
Address: 1600 Pacific Highway, Suite 260, San Diego, CA 92101

From:

Public Agency: City of El Cajon
Address: 200 Civic Center Way, El Cajon, CA 92020

Contact: Lorena Cordova, Associate Planner
Phone: 619-441-1539

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): SCH#2017041047

Project Title: San Ysidro Health Center

Project Applicant: Daniel Millman, TH San Diego 875 ECB LP, 3000 Olympic Boulevard, Building 1, Suite 2120, Santa Monica, CA 90404, (310)752-9600

Project Location (include county): 823 through 875 El Cajon Boulevard, El Cajon, CA (San Diego County)

Project Description:

The project consists of a two-story medical office building of 40,429 square feet; 29,615 square feet of landscaping; 161 vehicle parking spaces; 16 bicycle parking spaces and two outdoor areas.

This is to advise that the City of El Cajon has approved the above (Lead Agency or Responsible Agency)

described project on July 3, 2019 and has made the following determinations regarding the above described project.

- 1. The project 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.
3. Mitigation measures were made a condition of the approval of the project.
4. A mitigation reporting or monitoring plan was adopted for this project.
5. A statement of Overriding Considerations was adopted for this project.
6. Findings were 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:

Signature (Public Agency): [Handwritten Signature] Title: Associate Planner

Date: July 5, 2019 Date Received for filing at OPR: Governor's Office of Planning & Research

AUG 02 2019

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

STATE CLEARINGHOUSE Revised 2011



State of California - Department of Fish and Wildlife

### 2018 ENVIRONMENTAL FILING FEE CASH RECEIPT

DFW 753.5a (Rev. 12/15/15) Previously DFG 753.5a

RECEIPT NUMBER: 37-2018- 0488
STATE CLEARINGHOUSE NUMBER (If applicable) 2017041047

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY CITY OF EL CAJON	LEAD AGENCY EMAIL ---	DATE 05/29/2018
---------------------------------	--------------------------	--------------------

COUNTY/STATE AGENCY OF FILING San Diego County	DOCUMENT NUMBER *20180106*
---	-------------------------------

PROJECT TITLE  
EL CAJON TRANSIT DISTRICT SPECIFIC PLAN

PROJECT APPLICANT NAME CITY OF EL CAJON COMMUNITY DEVELOPMENT DEPT	PROJECT APPLICANT EMAIL ---	PHONE NUMBER 619-441-1742
---	--------------------------------	------------------------------

PROJECT APPLICANT ADDRESS 200 CIVIC CENTER WAY	CITY EL CAJON	STATE CA	ZIP CODE 92020
---	------------------	-------------	-------------------

PROJECT APPLICANT (Check appropriate box)

Local Public Agency     School District     Other Special District     State Agency     Private Entity

**CHECK APPLICABLE FEES:**

<input checked="" type="checkbox"/> Environmental Impact Report (EIR)	180106	\$3,168.00	\$	\$3,168.00
<input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)		\$2,280.75	\$	_____
<input type="checkbox"/> Certified Regulatory Program document (CRP)		\$1,077.00	\$	_____

Exempt from fee

Notice of Exemption (attach)

CDFW No Effect Determination (attach)

Fee previously paid (attach previously issued cash receipt copy)

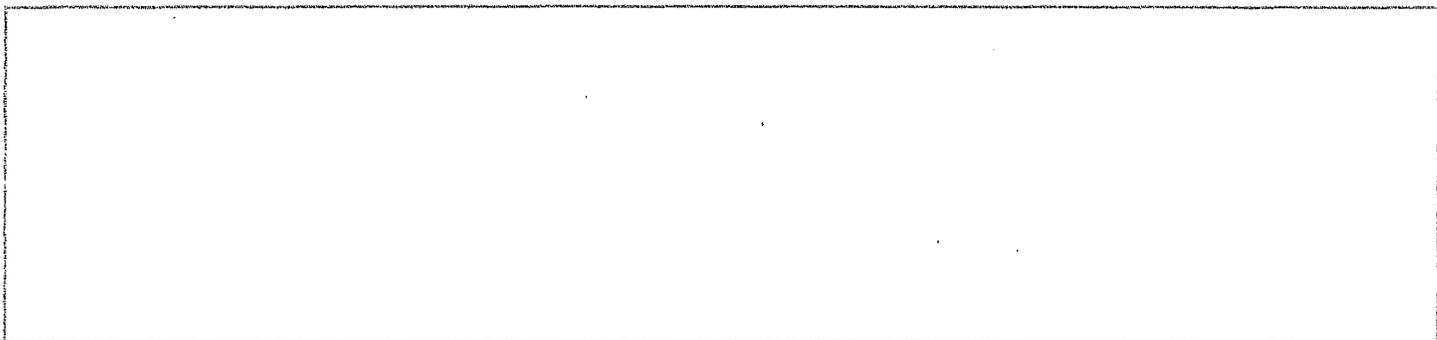
<input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only)	\$850.00	\$	_____
<input checked="" type="checkbox"/> County documentary handling fee		\$	\$50.00
<input type="checkbox"/> Other		\$	_____

**PAYMENT METHOD:**

Cash     Credit     Check     Other 643989

TOTAL RECEIVED    \$    3,218.00

SIGNATURE <b>X</b> <i>R Morris</i>	AGENCY OF FILING PRINTED NAME AND TITLE San Diego County      RENA E MORRIS      , Deputy
---------------------------------------	--





San Diego County



Transaction #: 3155453  
Receipt #: 2018236910

Ernest J. Dronenburg, Jr.  
Assessor/Recorder/County Clerk  
1600 Pacific Highway Suite 260  
P. O. Box 121750, San Diego, CA 92112-1750  
Tel. (619) 237-0502 Fax (619) 557-4155  
[www.sdarcc.com](http://www.sdarcc.com)

Cashier Date: 05/29/2018  
Cashier Location: SD

Print Date: 05/29/2018 4:56 pm

Payment Summary

Total Fees:	\$3,218.00
Total Payments:	\$3,218.00
Balance:	\$0.00

Payment	
CHECK PAYMENT	\$3,218.00
Total Payments	\$3,218.00
Miscellaneous Item	
FISH & WILDLIFE FEES	
Fees: Fish & Wildlife County Administrative Fee	\$50.00
Fees: Fish & Wildlife Environmental Impact Report	\$3,168.00
Total Fees Due:	\$3,218.00
Grand Total - All Documents:	\$3,218.00

Governor's Office of Planning & Research

AUG 02 2019

STATE CLEARINGHOUSE

THIS CHECK IS VOID WITHOUT A BLUE & GREEN BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

**CITY OF EL CAJON**  
200 CIVIC CENTER WAY  
EL CAJON, CALIFORNIA 92020  
(619) 441-1667

Union Bank of California  
San Diego, CA 92101  
11-49/1210

CHECK DATE: 05/02/18  
CHECK NO.: 643989

AMOUNT: \$ \*\*\*\*\*3,218.00\*

VOID 6 MONTHS AFTER ISSUE DATE

PAY THE SUM OF THREE THOUSAND, TWO HUNDRED EIGHTEEN DOLLARS & ZERO CENTS

TO THE ORDER OF COUNTY CLERK

*[Signature]*

⑈00643989⑈ ⑆121000497⑆ 0082227562⑈