

CITY OF LOS ANGELES  
DEPARTMENT OF CITY PLANNING

**ENVIRONMENTAL ASSESSMENT FORM**

EAF Case No.: \_\_\_\_\_ ZA Case No.: \_\_\_\_\_ CPC Case No.: \_\_\_\_\_  
 Council District No.: \_\_\_\_\_ Community Plan Area: \_\_\_\_\_  
 PROJECT ADDRESS: 8040 Foothill Blvd.

Major Cross Streets: Foothill & Woodward  
 Name of Applicant: Scott A. Mommer Consulting  
 Address: 4630 W. Jacquelyn Avenue, Suite 119, Fresno, CA 93722  
 Telephone No.: (559) 276-2790 Fax No.: (579) 276-0850 E-mail: \_\_\_\_\_

**OWNER**

Name: Paul & Eleanor Sade, trustees of <sup>the Paul and Eleanor</sup> Sade Revocable Trust

Address: 700 S. Orange Ave., West Covina CA 91790

Telephone No. (415) 454-8574

Signature: *Paul Sade*  
 Signature: *Eleanor Sade*

**APPLICANT'S REPRESENTATIVE**

(Other than Owner)

Name: John J. Parker, GLM Associates  
 (dated August 6, 1985 (Contact Person))

Address: 1605 Astor Ave., Cambria CA 93428

Telephone No. (805) 927-7550

Signature: *John Parker*  
 (Applicant's Representative)

The following Exhibits are required (3 copies of each exhibit and 3 Environmental Assessment Forms for projects in Coastal & S.M. Mtn. Zones): All Exhibits should reflect the entire project, not just the area in need of zone change, variance, or other entitlement.

**NOTE: The exhibits are IN ADDITION TO those required for any case for which the Environmental Assessment Form is being filed.**

- A. **2 Vicinity Maps:** (8½" x 11") showing nearby street system, public facilities and other significant physical features (similar to road maps, Thomas Brothers Maps, etc.) with project area highlighted.
- B. **2 Radius/Land Use Maps:** (1" = 100') showing land use and zoning to 500 feet (100 feet of additional land use beyond the radius for alcoholic beverage cases); 100' radius line (excluding streets) okay for Coastal building permits 300' for site plan review applications.
- C. **2 Plot Plans:** showing the location and layout of proposed development including dimensions; include topographic lines where grade is over 10%; tentative tract or parcel maps where division of land is involved to satisfy this requirement, and the location and diameter of all trees existing on the project site.
- D. **Application:** a duplicate copy of application for zone change, (including Exhibit "C" justification) batch screening form, periodic comprehensive general plan review and zone change map, variance, conditional use, subdivider's statement, etc.
- E. **Pictures:** two or more pictures of the project site showing walls, trees and existing structures.
- F. **Notice of Intent Fee:** a check in the amount of \$25 made out to the **County of Los Angeles** for the purpose of filing a Notice of Intent to Adopt a Negative Declaration as required by § 15072 of the State CEQA Guidelines.

ENVIRONMENTAL ASSESSMENT	
APPROVED BY: _____	DATE: _____
APPLICATION ACCEPTED	
BY: _____	DATE: _____
RECEIPT NO.: _____	

*rec 4/29/05*

**I. Project Description:**

Briefly describe the project and permits necessary (i.e., Tentative Tract, Conditional Use, Zone Change, etc.) including an identification of phases and plans for future expansion:

Conversion of a Kmart retail store into a Home Depot retail store. This is a Project Permit Compliance request with the

Foothill Specific Plan

Will the project require certification, authorization, clearance or issuance of a permit by any federal, state, county, or environmental control agency, such as Environmental Protection Agency, Air Quality Management District, Water Resources Board, Environmental Affairs, etc.? If so, please specify:

N.A.

**II. Existing Conditions:**

- A. Project Site Area 11.052 acres  
Net and \_\_\_\_\_ Gross Acres \_\_\_\_\_
- B. Existing Zoning (O) C2-1 VL & (O) P-1VL
- C. Existing Use of Land Commercial  
Existing General Plan Designation Community Commercial
- D. Requested General Plan Designation Same
- E. Number 1 type commercial and age  $\pm$  27 years old \_\_\_\_\_ of structures to be removed as a result of the project. If residential dwellings (apts., single-family, condos) are being removed indicate the: number of units: \_\_\_\_\_ and average rent: \_\_\_\_\_  
Is there any similar housing at this price range available in the area? If yes, where?  
N.A.
- F. Number 109 Trunk Diameter 4"-32" and type unk.  
of existing trees.
- G. Number 81 Trunk Diameter 4"-32" and type \_\_\_\_\_  
of trees being removed (identify on plot plan.)
- H. Slope: State percent of property which is:  
100 Less than 10% slope \_\_\_\_\_ 10-15% slope \_\_\_\_\_ over 15% slope \_\_\_\_\_  
*If slopes over 10% exist, a topographic map will be required. Over 50 acres, 1" = 200' scale is okay.*
- I. Check the applicable boxes and indicate the condition on the Plot Plan. There are • natural or man-made drainage channels, • rights of way and/or • hazardous pipelines crossing or immediately adjacent to the property, or • none of the above.
- J. Grading: (specify the total amount of dirt being moved)  
\_\_\_\_\_ 0-500 cubic yards.  
27,000 Cubic Yards if over 500 cubic yards. indicate amount of cubic yards.
- K. Import/Export: Indicate the amount of dirt being imported or exported 22,000 Cubic Yards Exported

**Projects involving import/export of 1000 cubic yards or more are required to complete a Haul Route Form and Haul Route Map.**

If the project involves more than one phase or substantial expansion or changes of existing uses, please document each portion separately, with the total or project details written below. Describe entire project, not just area in need of zone change, variance, or other entitlement.

**III. Residential project (if not residential, do not answer)**

- A. Number of Dwelling Units-  
Single Family \_\_\_\_\_ Apartment \_\_\_\_\_ or Condominium \_\_\_\_\_
- B. Number of Dwelling Units with:  
One bedroom \_\_\_\_\_ Two bedrooms \_\_\_\_\_  
Three bedrooms \_\_\_\_\_ Four or more bedrooms \_\_\_\_\_
- C. Total number of parking spaces provided \_\_\_\_\_
- D. List recreational facilities of project \_\_\_\_\_
- E. Approximate price range of units \$ \_\_\_\_\_ to \$ \_\_\_\_\_
- F. Number of stories \_\_\_\_\_, height \_\_\_\_\_ feet.
- G. Type of appliances and heating (gas, electric, gas/electric, solar) \_\_\_\_\_  
Gas heated swimming pool? \_\_\_\_\_
- H. Describe night lighting of the project \_\_\_\_\_  
(include plan for shielding light from adjacent uses, if available)
- I. Percent of total project proposed for: Building \_\_\_\_\_  
Paving \_\_\_\_\_  
Landscaping \_\_\_\_\_
- J. Total Number of square feet of floor area \_\_\_\_\_

**IV. Commercial, Industrial or Other Project (if project is only residential do not answer this section). Describe entire project, not just area in need of zone change, variance, or other entitlement.**

- A. Type of use Commercial and parking
- B. Total number of square feet of floor area 99330
- C. Number of units if hotel/motel N.A.
- D. Number of stories 1 height 36 (top of sign) feet.
- E. Total number of parking spaces provided: 494 (592 proposed)
- F. Hours of operation \_\_\_\_\_ Days of operation 7 days
- G. If fixed seats or beds involved, number N.A.
- H. Describe night lighting of the project Shielded, directed light poles  
(Include plan for shielding light from adjacent uses, if available)
- I. Number of employees per shift 70
- J. Number of students/patients/patrons N.A.
- K. Describe security provisions for project \_\_\_\_\_
- L. Percent of total project proposed for: Building 26 (incl. Garden Center)  
Paving 58  
Landscaping 16

**Historic/Architecturally Significant Project**

Does the project involve any structures, buildings, street lighting systems, spaces, sites or components thereof which may be designated or eligible for designation in any of the following: (please check)

- National Register of Historic Places \_\_\_\_\_
- California Register of Historic Resources \_\_\_\_\_
- City of Los Angeles Cultural Historic Monument. \_\_\_\_\_
- Within a City of Los Angeles Historic Preservation Overlay Zone (HPOZ) \_\_\_\_\_

**V. Hazardous Materials and Substance Discharge**

Does the project involve the use of any hazardous materials or have hazardous substance discharge?  
If so, please specify. N.A.

- A. Regulatory Identification Number (if known) \_\_\_\_\_
- B. Licensing Agency \_\_\_\_\_
- C. Quantity of daily discharge \_\_\_\_\_

**VI. Stationary Noise Clearance: A clearance may be necessary certifying the project's equipment (e.g., air conditioning) complies with City Noise Regulations.**

Some projects may require a Noise Study. The EIR staff will inform those affected by this requirement.

**VII. Selected Information:**

- A. Circulation: Identify by name all major and secondary highways and freeways within 1,000 feet of the proposed project; give the approximate distance(s):  
Foothill Blvd. adjacent
- B. Air: All projects that are required to obtain AQMD permits (see AQMD Rules and Regulations) are required to submit written clearance from the AQMD indicating no significant impact will be created by the proposed project.\*
- C. Noise: Projects located within 600 feet of railroad tracks indicate the number of trains per day:\*\*  
Day 7 AM–10 PM \_\_\_\_\_  
Night 10 PM–7 AM \_\_\_\_\_

**VIII. Mitigating Measures:**

Feasible alternatives or mitigation measures which would substantially lessen any significant adverse impact which the development may have on the environment. \_\_\_\_\_

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\* Contact the South Coast Air Quality Management District at 572-6418 for further information.

\*\* For information, contact:

Southern Pacific Train Dispatcher	629-6569
Union Pacific Engineering	725-2313
Santa Fe Train Master	267-5546

APPLICANT/CONSULTANT'S AFFIDAVIT

OWNER MUST SIGN AND BE NOTARIZED;

IF THERE IS AN AGENT, THE AGENT MUST ALSO SIGN AND BE NOTARIZED

I, Paul and Eleanor Sade, as Trustees of the I, JOHN PARKER  
 Owner (Owner in escrow)\* Paul and Eleanor Sade Revocable Trust dated August 6, 1985 Consultant\*  
 (Please Print) (Please Print)  
 Signed: [Signature] Signed: [Signature]  
 Owner Agent

Signed: Eleanor Sade  
 being duly sworn, state that the statements and information contained in this Environmental Assessment Form are in all respects true and correct to the best of my knowledge and belief.

State of California, County and City of Los Angeles

Signed: <u>[Signature]</u> Notary  Subscribed and sworn to before me this <u>23<sup>rd</sup></u> day of <u>MARCH</u> , 20 <u>05</u> (NOTARY or CORPORATE SEAL)	Signed: <u>[Signature]</u> Notary  Subscribed and sworn to before me this <u>23<sup>rd</sup></u> day of <u>MARCH</u> , 20 <u>05</u> (NOTARY)
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\* If acting for a corporation, include capacity and company name

