

Notice of Determination

To: ☒ Office of Planning and Research
P.O. Box 3044
Sacramento, CA 95812-3044

☒ County Clerk
County of Placer
2952 Richardson Avenue
Auburn CA 95603

From: County of Placer
Community Development Resource Agency
3091 County Center Drive, Suite 190
Auburn, CA 95603
Shirlee Herrington, Senior CDRA Technician
(530) 745-3132

FILED

SEP 21 2023

Date received for filing at Placer County:

RYAN RONCO
COUNTY CLERK OF PLACER COUNTY
BY C. Whitt
DEPUTY

Subject: Filing of Notice of Determination in compliance with Section 21108 or 21152 of the Public Resources Code

State Clearinghouse Number:

2016082074

Project #:

PLN14-00152 / PLN23-00249

Project Title:

Berg Veterinary Hospital

APN(s):

048-081-056-000, 048-081-057-000

Project Location:

Northwest corner of the intersection of Berg Street and Douglas Boulevard in the Granite Bay area, Placer County

Project Applicant/Owner:

Fit Family Development LP

Project Description:

Construction and operation of a 6,150 square foot a veterinary hospital. The veterinary hospital will be located within Building 1 of the Granite Bay Medical Office development.

Entitlement(s):

Minor Use Permit

This is to advise that Placer County (☒ Lead Agency or ☐ Responsible Agency) has approved the above-described project on September 21, 2023, by the Zoning Administrator and has made the following determination regarding the 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 Mitigated Negative Declaration and Erratum, and Addendum 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.
7. California State Department of Fish and Wildlife Fees (SB 1535)
☐ The project has been found to be exempt and not subject to the provisions of SB 1535.
☐ \$50 for County processing fees (attach No Effect Determination Form)
☒ The project is not exempt and is, therefore, subject to the following fees:
☐ \$2,814.00 (\$2,764.00 Fish and Wildlife plus \$50 County recording fee) for review of a Mitigated Negative Declaration
☒ \$50 for County recording fees for a project previously approved and paid (attach DFW receipt)

POSTED SEP 21 2023
Through
RYAN RONCO COUNTY CLERK
By C. Whitt
Deputy Clerk

This is to certify that the Mitigated Negative Declaration and Erratum, and Addendum are available to the General Public at the front counter of the Community Development Resource Center, 3091 County Center Drive, Auburn, CA 95603.

Signature

Janean Lyons
Environmental Coordination Services, Placer County

Date

9/21/23

#23-201



**PLACER COUNTY CLERK
2023 ENVIRONMENTAL FILING FEE
CASH RECEIPT**

RECEIPT NUMBER

31-230201

STATE CLEARING HOUSE NUMBER (if applicable)

2016082074

LEAD AGENCY

PLACER COUNTY COMMUNITY DEVEL RESOURCE AGENCY

LEAD AGENCY EMAIL

DATE

09/21/2023

COUNTY/STATE AGENCY OF FILING

PLACER COUNTY CLERK AUBURN

DOCUMENT NUMBER

230201

PROJECT TITLE

BERG VETERINARY HOSPITAL

PROJECT APPLICANT NAME

PLACER COUNTY COMMUNITY DEVEL RESOURCE AGENCY

PROJECT APPLICANT EMAIL

PHONE NUMBER

530-745-3132

PROJECT APPLICANT ADDRESS

3091 COUNTY CENTER DRIVE STE 190

CITY

AUBURN

STATE

CA

ZIP CODE

95603

PROJECT APPLICANT (Check appropriate box):

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

CHECK APPLICABLE FEES:

☐ Environmental Impact Report (EIR) \$3,839.25 \$

☐ Mitigated/Negative Declaration (MND) (ND) \$2,764.00 \$

☐ Certified Regulatory Program (CRP) document – payment due directly to CDFW \$1,305.25 \$

☒ Exempt from fee

☐ Notice of Exemption (attach)

☐ CDFW No Effect Determination (attach)

☒ Fee previously paid (attach previously issued cash receipt copy)

☐ Water Right Application or Petition Fee (State Water Resources Control Board Only) \$850.00 \$

☒ County documentary handling fee \$50.00

☒ Other FEES PAID ON 12/14/2022 \$

PAYMENT METHOD:

☐ Cash ☐ Credit ☐ Check ☒ Other: Journal

TOTAL RECEIVED \$50.00

SIGNATURE

X C. Wheeler

AGENCY OF FILING PRINTED NAME AND TITLE

C. Wheeler, DEPUTY

Notice of Determination

To: ☒ Office of Planning and Research
P.O. Box 3044
Sacramento, CA 95812-3044

☒ County Clerk
County of Placer
2952 Richardson Avenue
Auburn CA 95603

From: County of Placer
Community Development Resource Agency
3091 County Center Drive, Suite 190
Auburn, CA 95603
Shirlee Herrington, Senior CDRA Technician
(530) 745-3132

POSTED DEC 14 2022
Through _____
RYAN RONCO, COUNTY CLERK
By *Shirlee*
Deputy Clerk

Date received for filing at Placer County:

#22-307

Subject: Filing of Notice of Determination in compliance with Section 21108 or 21152 of the Public Resources Code

State Clearinghouse Number:

2016082074

Project #:

PLN14-00152

Project Title:

Granite Bay Medical Office Complex

APN(s):

048-081-056-000, 048-081-057-000

Project Location:

Northwest corner of the intersection of Berg Street and Douglas Boulevard in the Granite Bay area, Placer County

Project Applicant/Owner:

RFE Engineering, Inc. / Fit Family Development LP

Project Description:

Construction and operation of two medical office buildings totaling 13,650 square feet of space

Entitlement(s):

General Plan Amendment, Rezone Design Review Agreement

This is to advise that Placer County (☒ Lead Agency or ☐ Responsible Agency) has approved the above-described project on December 13, 2022, by the Board of Supervisors and has made the following determination regarding the 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 Mitigated Negative Declaration and Erratum 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.
7. California State Department of Fish and Wildlife Fees (SB 1535)
☐ The project has been found to be exempt and not subject to the provisions of SB 1535.
☐ \$50 for County processing fees (attach No Effect Determination Form)
☒ The project is not exempt and is, therefore, subject to the following fees:
☒ \$2,598.00 (\$2,548.00 Fish and Wildlife plus \$50 County recording fee) for review of a Mitigated Negative Declaration
☐ \$50 for County recording fees for a project previously approved and paid (attach DFW receipt)

FILED

DEC 14 2022

PLACER COUNTY
Shirlee

This is to certify that the Mitigated Negative Declaration is available to the General Public at the front counter of the Community Development Resource Center, 3091 County Center Drive, Auburn, CA 95603.

Signature

Janeane Lyons
Environmental Coordination Services, Placer County

Date

12/13/22



State of California - Department of Fish and Wildlife
**2022 ENVIRONMENTAL DOCUMENT FILING FEE
CASH RECEIPT**
DFW 753.5a (REV. 01/01/22) Previously DFG 753.5a

Print

StartOver

Save

RECEIPT NUMBER:

31 — 12/14/2022 —

STATE CLEARINGHOUSE NUMBER (if applicable)

2016082074

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY

PLACER COUNTY COMMUNITY DEVELOPMENT RESOURCE AGENCY

LEAD AGENCY EMAIL

DATE

12/14/2022

COUNTY/STATE AGENCY OF FILING

Placer

DOCUMENT NUMBER

220307

PROJECT TITLE

GRANITE BAY MEDICAL OFFICE COMPLEX

PROJECT APPLICANT NAME

PLACER COUNTY COMMUNITY DEVELOPMENT RESOURCE AGENCY

PROJECT APPLICANT EMAIL

PHONE NUMBER

(530) 745-3132

PROJECT APPLICANT ADDRESS

3091 COUNTY CENTER DR STE 190

CITY

AUBURN

STATE

CA

ZIP CODE

95603

PROJECT APPLICANT (Check appropriate box)

☒ Local Public Agency

☐ School District

☐ Other Special District

☐ State Agency

☐ Private Entity

CHECK APPLICABLE FEES:

☐ Environmental Impact Report (EIR)

\$3,539.25

\$

0.00

☒ Mitigated/Negative Declaration (MND)(ND)

\$2,548.00

\$

2,548.00

☐ Certified Regulatory Program (CRP) document - payment due directly to CDFW

\$1,203.25

\$

0.00

☐ Exempt from fee

☐ Notice of Exemption (attach)

☐ CDFW No Effect Determination (attach)

☐ Fee previously paid (attach previously issued cash receipt copy)

☐ Water Right Application or Petition Fee (State Water Resources Control Board only)

\$850.00

\$

0.00

☒ County documentary handling fee

\$

50.00

☐ Other

\$

PAYMENT METHOD:

☐ Cash

☐ Credit

☐ Check

☒ Other

TOTAL RECEIVED

\$

2,598.00

SIGNATURE

X *S Kasza*

AGENCY OF FILING PRINTED NAME AND TITLE

S KASZA, DEPUTY