2020010051

Notice of Exemption

Appendix E

| To: | Office of Planning and Research |
|-----|---------------------------------|
| | P.O. Box 3044, Room 113 |
| | Sacramento CA 95812-3044 |

From: City of Santa Rosa 69 Stony Circle Santa Rosa, CA 95401

County Clerk County of Sonoma 585 Fiscal Drive, Room 103 Santa Rosa, CA 95403

This notice was posted on 12/31/2019 and will remain posted for a period of thirty days through 01/31/2020

Doc No.49-12312019-510

Project Title: Installation of Public Restroom in Downtown Area

Project Applicant: City of Santa Rosa

Project Location - Specific: 90 Santa Rosa Avenue, Santa Rosa, CA 95404 APN# 009-073-023

| \ | | | | |
|--|---|--|--|--|
| Name of Public Agency Approving Project: | CITY OF SANTA ROSA – TRANSPORTATION AND PUBLIC WORKS DEPARTMENT | | | |
| Name of Person or Agency Carrying Out Project: | Lisa Welsh, (707) 543-3801 | | | |
| Exempt Status: (check one): | | | | |
| ☐ Ministerial (Sec. 21080(b) (1); 15268); | | | | |
| \square Declared Emergency (Sec. 21080(b) (3); 15269 (| a)); | | | |
| ☐ Emergency Project (Sec. 21080(b) (4); 15269 (b) | (c)); | | | |
| oxtimes Categorical Exemption. State type and section n | umber: Categorical Exemption 3 –15303 | | | |
| \square Statutory Exemptions. State code number: | | | | |
| ì | 9 | | | |
| Reasons why project is exempt: The project consists square foot facility, including utility extensions request doesn't involve the use of hazardous substances, not surrounding area is not environmentally sensitive. | uired to operate the facility. The facility ecessary public services are available, and | | | |
| Lead Agency Contact Person: Amy Nicholson, (707 | 7) 543-3258 | | | |
| If filed by applicant: | | | | |
| Attach certified document of exemption fin | - | | | |
| 2. Has a Notice of Exemption been filed by the☐ Yes ☐ No | e public agency approving the project. | | | |
| Signature: MM NIMW Date: 11 20 | 19 Title: Stnior Planner | | | |
| ☑ Signed by Lead Agency ☐ Signed by | Applicant BY: ** Commod Off | | | |
| | Betsy Penn, Deputy Clerkaning & Research | | | |

Date Received for filing at OPR: JAN 06 2020

| | | RECEIPT 49-1231 | | | |
|--|---------------------------------------|--------------------|--------|--------------------------------|--|
| | | STATE CL | EARIN | IGHOUSE NUMBER (If applicable) | |
| SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY | i | | | | |
| LEÁD ÁGENCY CITY OF SANTA ROSA | LEAD AGENCY EMAIL | | | DATE 12/31/2019 | |
| OFF OF GARTATOON | | | | | |
| COUNTY/STATE AGENCY OF FILING | | DOCUMENT NUMBER | | | |
| SONOMA | | 19-1231-01 | | | |
| PROJECT TITLE INSTALLATION OF PUBLIC RESTROOM IN DOW! | NTOWN AREA | | | ı | |
| PROJECT APPLICANT NAME | PROJECT APPLICANT | EMAIL | | PHONE NUMBER | |
| CITY OF SANTA ROSA TPW | | | | (707) 543-3258 | |
| PROJECT APPLICANT ADDRESS | CITY | STATE | | ZIP CODE | |
| 69 STONY CIR | SANTA ROSA | CA | | 95401 | |
| PROJECT APPLICANT (Check appropriate box) | | | | | |
| X Local Public Agency School District | Other Special District | St | ate Ag | pency Private Entity | |
| CHECK APPLICABLE FEES: | | | | | |
| Environmental Impact Report (EIR) | | \$3,271.00 | \$ | <u>.</u> | |
| ☐ Mitigated/Negative Declaration (MND)(ND) | | \$2,354.75 | - | | |
| Certified Regulatory Program (CRP) document - payment | due directly to CDFW | \$1,112.00 | | | |
| | | | - | | |
| ⊠ 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 Reso | urces Control Board only) | \$850.00 | \$ | | |
| | · · · · · · · · · · · · · · · · · · · | , . | \$ | \$50.00 | |
| ☐ Other | | | \$ | | |
| PAYMENT METHOD: | | | - | | |
| ☐ Cash ☑ Credit ☐ Check ☐ Other | TOTAL | RECEIVED | \$_ | \$50.00 | |
| SIGNATURE A | GENCY OF FILING PRINTED I | NAME AND T | ITIF | | |
| Dela | | | | | |
| X 18/ | ty Clerk-Re | ecord | er | | |
| | | | | | |