Notice of Exemption

To: X	Office of Planning and Research P.O. Box 3044, Room 222 Sacramento, CA 95814	From:	Placer County Planning Services Division 3091 County Center Dr., Suite 140
X	County Clerk County of Placer		Auburn, CA 95603
Project Title: 8274 Speckled Warehouse Expansion MUP Project Number: PLN21-00504 APN#: 090-044-022-000			
Project Lo	cation: 8274 SPECKLED AVE KINGS BE	ACH	
Minor Use I property tha Name of Po Placer Cour Entitlemen This project	n of Nature, Purpose, and Beneficiaries of Permit to allow for a change in land use to Coat was formerly utilized as a landscape nurse ublic Agency Approving nty Planning Services Division of Action Date: It was approved on January 20, 2022 Herson or Agency Carrying Out Project:	ntract C	Construction Services on a developed
Declard Emerg X Catego Statuto Reason wh	erial (Sec. 2108(b)(1); 15268); ed Emergency (Sec. 21080(b)(3): 15269(a)); ency Project (Sec. 21080(b)(4); 15269(b)(c)); orical Exemption. State type and section numbers Exemptions. State code number: any project is exempt: t Description	ber: So E So N So sr ar	ection 15303 of the California nvironmental Quality Act Guidelines and ection 18.36.050 of the Placer County nvironmental Review Ordinance (Class 3/ew Construction or Conversion of Small tructures) because conversions of existing mall structures from one land use to nother is permissible under this kemption.
Lead Agen George Ros Signature	Title: Supervising Planner		Tel: 530-745-3065 Date/

DFW 753.5a (REV. 01/01/22) Previously DFG 753.5a		Prin	t .	StartOver	Save	
90 90	RECEIPT NUMBER: 31 — 02/01/2022 — STATE CLEARINGHOUSE NUMBER (If applicable)					
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY. LEAD AGENCY	LEAD ACENOV ENAM			DATE		
PLACER COUNTY PLANNING SERVICES DIVISION	LEADAGENCY EMAIL			02/01/2022		
COUNTY/STATE AGENCY OF FILING Placer			DOCUMENT NUMBER 220023			
PROJECT TITLE	MHD					
8274 SPECKLED WAREHOUSE EXPANSION PROJECT APPLICANT NAME	MAII		IDHONE NI IM	DED		
PLACER COUNTY PLANNING SERVICES DIVISION	PROJECT APPLICANT EMAIL			PHONE NUMBER (530) 745-3065		
PROJECT APPLICANT ADDRESS	CITY	STATE		ZIP CODE	0000	
3091 COUNTY CENTER DR SUITE 140	AUBURN	CA		95603		
PROJECT APPLICANT (Check appropriate box)						
✓ Local Public Agency School District	Other Special District	St	ate Ag	gency	Private Er	ntity
CHECK APPLICABLE FEES:						
Environmental Impact Report (EIR)		\$3,539.25	\$			0.00
☐ Mitigated/Negative Declaration (MND)(ND)		\$2,548.00				0.00
☐ Certified Regulatory Program (CRP) document - payment due d	lirectly 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
	,	\$			50.00	
☐ Other			\$			
PAYMENT METHOD:			-			
☐ Cash ☐ Credit ☐ Check ☑ Other	TOTAL R	ECEIVED	\$ _			50.00
SIGNATURE AGEN	CY OF FILING PRINTED NA	AME AND TI	TLE			
X & Kassa, SKI	ASZA, DEPUTY PLA	ACER CO	DUN ⁻	TY CLERK	RECORD	ER