

Notice of Exemption

Appendix E

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

County Clerk

County of: San Benito
440 Fifth St.

Hollister, CA 95023

From: (Public Agency): _____
San Benito County Public Works Department
2301 Technology Parkway, Hollister CA 95023

(Address)

Project Title: Cienega Road Emergency Repair Project PM 14.08

Project Applicant: San Benito County Public Works Department

Project Location - Specific:

Cienega Road, at Post Mile 14.08, approximately 6 miles south of the Town of Hollister.

Project Location - City: unincorporated area Project Location - County: San Benito

Description of Nature, Purpose and Beneficiaries of Project:

The San Benito County Public Works Department proposes to provide emergency repairs to an approximately 50-foot stretch of storm damaged portions along Cienega Road, at PM 14.08.

Name of Public Agency Approving Project: San Benito County

Name of Person or Agency Carrying Out Project: San Benito County Public Works Department

Exempt Status: (check one):

- ☐ Ministerial (Sec. 21080(b)(1); 15268);
☐ Declared Emergency (Sec. 21080(b)(3); 15269(a));
☐ Emergency Project (Sec. 21080(b)(4); 15269(b)(c));
☒ Categorical Exemption. State type and section number: Class 1 (Section 15301(c))
☐ Statutory Exemptions. State code number: _____

Reasons why project is exempt:

The proposed project consists of emergency repairs to an existing roadway facility and would not have significant impact on the surrounding environment. The proposed project is a Class 1 project categorically exempt under Section 15301(c)

Lead Agency

Contact Person: Harry Mavrogenes

Area Code/Telephone Extension: (831) 636-4170

If filed by applicant:

1. Attach certified document of exemption finding.

2. Has a Notice of Exemption been filed by the public agency approving the project? ☐ Yes ☐ No

Signature: Taven M. Kinsman Date: 10/18/20 Title: Principal Planner

☒ Signed by Lead Agency ☐ Signed by Applicant

Authority cited: Sections 21083 and 21110. Public Resources Code
Reference: Sections 21108, 21152, and 21152.1. Public Resources Code

Date Received for filing at OPR: _____

Filed in San Benito County

JOE PAUL GONZALEZ: County Clerk

35-20191024-037

10/24/2019

Pages: 1

Fee: \$ 50.00

By nvigna, Deputy

Revised 2011

**2019 ENVIRONMENTAL FILING FEE CASH RECEIPT**

DFW 753.5a (REV. 12/01/18) Previously DFG 753.5a

RECEIPT NUMBER:
35-20191024-037

STATE CLEARINGHOUSE NUMBER (If applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

| | | |
|--|--|--------------------|
| LEAD AGENCY SAN BENITO COUNTY PUBLIC WORKS | LEAD AGENCY EMAIL Hmavrogenes@cosb.us | DATE 10/24/2019 |
| COUNTY/STATE AGENCY OF FILING SAN BENITO | | DOCUMENT NUMBER |
| PROJECT TITLE CIENEGA ROAD EMERGENCY REPAIR PROJECT PM14.08 | | |

| | | |
|--|--|--------------------------------|
| PROJECT APPLICANT NAME SAN BENITO COUNTY PUBLIC WORKS | PROJECT APPLICANT EMAIL Hmavrogenes@cosb.us | PHONE NUMBER (831) 636-4170 |
| PROJECT APPLICANT ADDRESS 2301 TECHNOLOGY PARKWAY | CITY HOLLISTER | STATE CA |
| | | ZIP CODE 95023 |

PROJECT APPLICANT (Check appropriate box)☒ Local Public Agency ☐ School District ☐ Other Special District ☐ State Agency ☐ Private Entity**CHECK APPLICABLE FEES:**

| | | | |
|---|------------|----|-------|
| <input type="checkbox"/> Environmental Impact Report (EIR) | \$3,271.00 | \$ | _____ |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND) | \$2,354.75 | \$ | _____ |
| <input type="checkbox"/> 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)

| | | | |
|---|----------|----|---------|
| <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**TOTAL RECEIVED** \$ \$50.00

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|---------------------------------------|--|
| SIGNATURE X <i>Nancy Vigna</i> | AGENCY OF FILING PRINTED NAME AND TITLE Nancy Vigna, Deputy County Clerk-Recorder |
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