

**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 07/17/2019  
and will remain posted for a period of thirty days  
through 08/17/2019**

**Doc No.49-07172019-275**

**Project Title: Building Demolition**

**Project Applicant: City of Santa Rosa, Transportation and Public Works Department**

**Project Location – Specific: 4099 Walker Ave, Santa Rosa, CA**

**Name of Public Agency Approving Project:**

**CITY OF SANTA ROSA**

**Name of Person or Agency Carrying Out Project:**

**Grant Bailey, (707) 543-4508**

**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: 15301 (L)
- Statutory Exemptions. State code number:

**Deva Marie Proto, County Clerk**

**BY: Betsy Penn**

**Betsy Penn, Deputy Clerk**

**Reasons why project is exempt: Demolition and removal of individual small structures.**

**Lead Agency Contact Person: Susie Murray, (707) 543-4348**

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: *Susie Murray* Date: July 13, 2019 Title: Environmental Coordinator

Signed by Lead Agency     Signed by Applicant



State of California - Department of Fish and Wildlife  
**2019 ENVIRONMENTAL FILING FEE CASH RECEIPT**  
 DFW 753.5a (REV. 12/01/18) Previously DFG 753.5a

RECEIPT NUMBER:  
49-07172019-275

STATE CLEARINGHOUSE NUMBER (If applicable)

**SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.**

LEAD AGENCY CITY OF SANTA ROSA	LEAD AGENCY EMAIL	DATE 07/17/2019
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COUNTY/STATE AGENCY OF FILING SONOMA	DOCUMENT NUMBER 19-0717-05
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PROJECT TITLE  
BUILDING DEMOLITION

PROJECT APPLICANT NAME CITY OF SANTA ROSA	PROJECT APPLICANT EMAIL	PHONE NUMBER (707) 543-4348
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PROJECT APPLICANT ADDRESS 4099 WLAKER AVE	CITY SANTA ROSA	STATE CA	ZIP CODE 95401
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**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 type="checkbox"/> County documentary handling fee  |          | \$ _____ |
| <input type="checkbox"/> Other  |          | \$ _____ |

**PAYMENT METHOD:**

- Cash    
  Credit    
  Check    
  Other    
 TOTAL RECEIVED \$ 50.00

SIGNATURE 	AGENCY OF FILING PRINTED NAME AND TITLE Betsy Penn, Deputy County Clerk-Recorder
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