

2019090687

Notice of Exemption

To: 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
Auburn, CA 95603

County Clerk
County of Placer

Project Title: SALADIN VARIANCE
Project Number: PLN19-00237
APN#: 463-010-007-000

Project Location: 9030 CHELSHIRE ESTATES CT GRANITE BAY

Description of Nature, Purpose, and Beneficeries of Project:

a Variance to reduce the west front setback to 15 feet from edge of easement, where 50 feet from edge of easement is normally required to install a solar field, construct an approximate 800 square foot guest house and construct an approximate 500 square foot pavilion. In addition, a request to reduce the west front setback to 39 feet to edge of easement, where 50 feet from edge of easement is normally required to construct a pool. A Variance is also requested to reduce the south side setback to 20 feet from property line where 30 feet from property line is normally required to construct an approximate 900 square foot cabana and 28 feet from property line where 30 feet from property line is normally required to construct a previously described 500 square foot pavilion.

Name of Public Agency Approving

Placer County Planning Services Division

Entitlement/Action Date:

This project was approved on September 19, 2019

Name of Person or Agency Carrying Out Project:

#19-284

POSTED SEP 24 2019
Through _____
RYAN RONCO, COUNTY CLERK
By [Signature]
Deputy Clerk

Exempt Status:

- Ministerial (Sec. 2108(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:
- Statutory Exemptions. State code number:

Section 15305(a) of the California Environmental Quality Act Guidelines and Section 18.36.070 (A.1) of the Placer County Environmental Review Ordinance (Class 5 – Minor alterations in land use limitations)

Reason why project is exempt:

See Project Description

Lead Agency Contact Person

George Rosasco Title: Supervising Planner Tel: 530-745-3065

Signature [Signature] Date 9/23/19

Governor's Office of Planning & Research

SEP 27 2019

SEP 27 2

STATE CLEARINGHOUSE

STATE CLEARINGHOUSE

State of California -- Department of Fish and Wildlife
2019 ENVIRONMENTAL FILING FEE CASH RECEIPT
DFW 753.5a (Rev. 02/19)

| |
|--|
| RECEIPT# 31-190284 |
| STATE CLEARING HOUSE# (if applicable) |

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

| | |
|--|---------------------------|
| LEAD AGENCY PLACER COUNTY PLANNING SERVICES DIVISION | DATE 09/24/2019 |
|--|---------------------------|

COUNTY/STATE AGENCY OF FILING
PLACER COUNTY CLERK AUBURN

PROJECT TITLE
SALADIN VARIANCE

| | |
|---|-------------------------------------|
| PROJECT APPLICANT NAME PLACER COUNTY PLANNING SERVICES DIVISION | PHONE NUMBER 530-745-3065 |
|---|-------------------------------------|

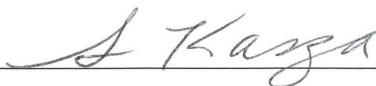
| | | | |
|--|-----------------------|--------------------|-------------------------|
| PROJECT APPLICANT ADDRESS 3091 COUNTY CENTER DRIVE STE 140 | CITY AUBURN | STATE CA | ZIPCODE 95603 |
|--|-----------------------|--------------------|-------------------------|

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"/> Application Fee Water Diversion (State Water Resources Control Board Only) | \$850.00 | \$ _____ |
| <input type="checkbox"/> Projects Subject to Certified Regulatory Programs (CRP) | \$1,112.00 | \$ _____ |
| <input checked="" type="checkbox"/> County Administrative Fee | \$50.00 | \$ <u>50.00</u> |
| <input checked="" type="checkbox"/> Project that is exempt from fees | | |
| <input checked="" type="checkbox"/> Notice of Exemption (attach) | | |
| <input type="checkbox"/> DFG No Effect Determination (attach) | | |
| <input type="checkbox"/> Other _____ | | \$ _____ |

PAYMENT METHOD:
 Cash Credit Check Other: Journal **TOTAL RECEIVED \$50.00**

| | |
|---|----------------------------------|
| SIGNATURE X  | TITLE S. Kasza, DEPUTY |
|---|----------------------------------|