

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 02/24/2020
and will remain posted for a period of thirty days
through 03/26/2020**

Doc No.49-02242020-028

Project Title: Bicycle Lane Gap Closures at Various Locations
Project Applicant: City of Santa Rosa, Transportation and Public Works
Project Location – Specific: See attached location map

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 - Existing Facilities
- Statutory Exemptions. State code number: Insert Number

Reasons why project is exempt: Pavement striping alterations at the indicated locations will result in no expanded use of the existing facility.

Deva Marie Proto, County Clerk

BY: *BP*
Betsy Penn, Deputy Clerk

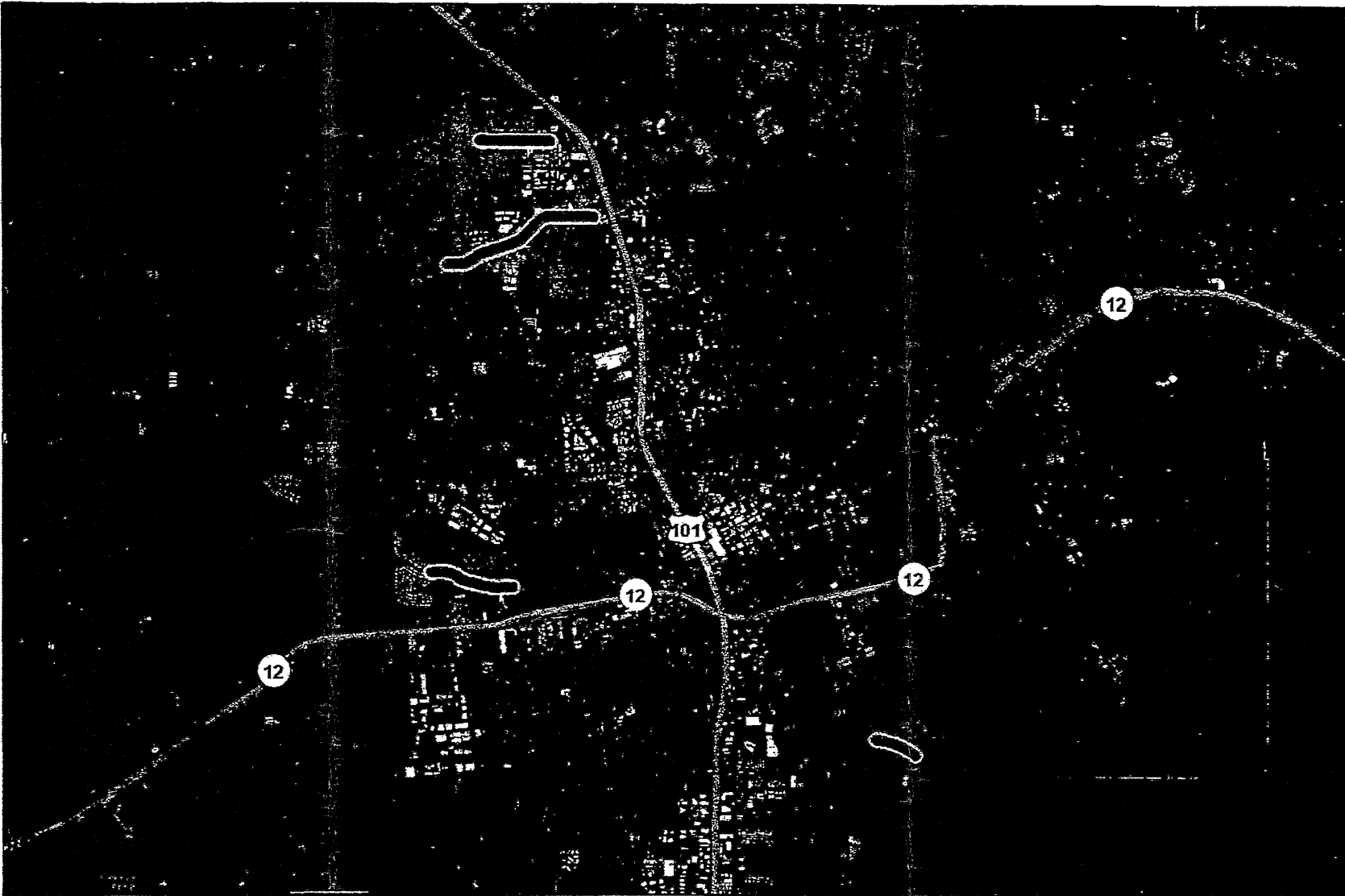
Lead Agency Contact Person: Susie Murray, (707) 543-4348

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: *S. Murray* Date: 9/5/2019 Title: Environmental Coordinator

Signed by Lead Agency Signed by Applicant



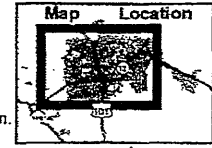
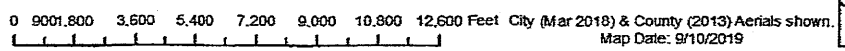
Project Number: 2090

Class II Bike Lane Gap Closures

Project Status: Design

Project Areas (IFAS Charge #'s Labeled)

 Public Works



-Information and features shown on this map are intended for general location use only and may contain errors. Map produced by City of Santa Rosa, Asset Management Division. -



State of California - Department of Fish and Wildlife
2020 ENVIRONMENTAL FILING FEE CASH RECEIPT
 DFW 753.5a (REV. 12/01/19) Previously DFG 753.5a

RECEIPT NUMBER: 49-02242020-028
STATE CLEARINGHOUSE NUMBER (if applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY CITY OF SANTA ROSA	LEAD AGENCY EMAIL	DATE 02/24/2020
COUNTY/STATE AGENCY OF FILING SONOMA	DOCUMENT NUMBER 20-0224-01	

PROJECT TITLE
BICYCLE LANE GAP CLOSURES AT VARIOUS LOCATIONS

PROJECT APPLICANT NAME CITY OF SANTA ROSA	PROJECT APPLICANT EMAIL	PHONE NUMBER (707) 543-4348
PROJECT APPLICANT ADDRESS 69 STONY CIR	CITY SANTA ROSA	STATE CA
		ZIP CODE 95401

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) | \$3,843.25 | \$ _____ |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND) | \$2,406.75 | \$ _____ |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,136.50 | \$ _____ |
|
 | | |
| <input checked="" type="checkbox"/> Exempt from fee | | |
| <input checked="" type="checkbox"/> Notice of Exemption (attach) | | |
| <input type="checkbox"/> CDFW No Effect Determination (attach) | | |
| <input type="checkbox"/> Fee previously paid (attach previously issued cash receipt copy) | | |
| <hr/> | | |
| <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

SIGNATURE 	AGENCY OF FILING PRINTED NAME AND TITLE Betsy Penn, Deputy County Clerk-Recorder
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02/24/2020

10:47 AM PST

SONOMA COUNTY RECORDER
585 FISCAL DR.
103
SANTA ROSA, CA 95403

TERMINAL NAME: E4711304

ORDER #: 105605035

PURCHASE

COUNTER PAYMENT \$50.00

AGENCY SUBTOTAL: \$50.00

LEXISNEXIS SERVICE FEE: \$2.50

TOTAL USD: \$52.50

CARD #:	2285	VISA
PAYMENT:	CREDIT	CHIP READ-CONTACT
MODE:		ISSUER
MID:		*****2511
TID:		*****103
AUTH CODE:		037637
VAL CODE:		XN9N
TRAN REF #:		300055676373421
REC #:		0008
APP LABEL:		VISA CREDIT
CVM:		NO SIG REQUIRED
AID:		A000000003101001
TC:		A786FA11D00900E8
AMOUNT:		\$52.50

*** CARD APPROVED ***

AMOUNT PAID:
\$52.50

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

RETAIN THIS COPY FOR
STATEMENT VERIFICATION

CUSTOMER COPY