



**TOWN OF MAMMOTH LAKES**  
**P.O. Box 1609, Mammoth Lakes, CA 93546**  
**Phone (760) 965-3630 | Fax (760) 934-7493**  
<http://www.townofmammothlakes.ca.gov/>

## Notice of Exemption

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To:  State Clearinghouse  
Office of Planning and Research  
P.O. Box 3044, 1400 Tenth Street  
Sacramento, CA 95812-3044

County Clerk  
County of Mono  
P.O. Box 237  
Bridgeport, CA 93517

**Project Title:** Administrative Permit 21-001

**Project Location – Specific:** 484 Commerce Circle, Units 2 and 14 (APN: 037-244-002-000 & 037-244-014-000)

**Project Location – City:** Mammoth Lakes      **Project Location – County:** Mono

**Description of Nature, Purpose, and Beneficiaries of Project:** Administrative Permit 21-001 to allow a vehicle service (major repair) use at 484 Commerce Circle, Units 2 and 14. The proposed project meets all the requirements of the Design Guidelines for the Town of Mammoth Lakes, and the Mammoth Lakes Municipal Code. The project applicant is Brent Allen and property owner is Natalya and Israel Ortiz.

**Name of Public Agency Approving Project:** Town of Mammoth Lakes

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

**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): Guidelines Section 15301, Existing Facilities
- Statutory Exemptions (State code number):

**Reason why project is exempt:** The project is categorically exempt pursuant to CEQA Guidelines Section 15301, Existing Facilities, and none of the exceptions set forth in CEQA Guidelines Section 15300.2 are present.

**Lead Agency Contact Person:** Michael Peterka, Assistant Planner      **Phone:** (760) 965-3669

**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:** *Michael Peterka*      **Date:** July 1, 2021

**Title:** Assistant Planner

- Signed by Lead Agency
- Signed by Applicant

Date received for filing at OPR: