



**CITY OF MARTINEZ**

525 Henrietta Street, Martinez, CA 94553-2394

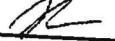
Community Development Department

(925)372-3515 | Fax (925)372-0257

2021-00464

**FILED**

December 2, 2021  
DEBORAH COOPER  
CLERK-RECORDER

By   
Deputy clerk

(Cont)

**NOTICE OF EXEMPTION**

**Date:** December 2, 2021

**To:** Contra Costa County Clerk-Recorder  
555 Escobar Street  
Martinez, CA 94553

Office of Planning and Research  
1400 Tenth Street, Room 121  
Sacramento, CA 95814

- Project Title:** Hidden Lakes Park Improvements Project  
(Restroom/Concession and ADA Pathways)
- Project Location:** Morello Avenue & Chilpancingo Parkway, Martinez, CA 94553  
Assessor's Parcel No.: 155-432-001
- Project Applicant:** City of Martinez – Community Development Department  
525 Henrietta Street, Martinez, CA 94553  
Tel: (925) 372-3524
- Lead Agency:** Same as project applicant
- Lead Agency Contact:** Hector J. Rojas, AICP, Planning Manager  
Tel: (925) 372-3524 | Email: [hrojas@cityofmartinez.org](mailto:hrojas@cityofmartinez.org)

**Project Description:** The proposed project would replace the existing restroom/concession stand at Hidden Lakes Park with an ADA compliant and enhanced facility. The project would also construct two ADA parking stalls and access in the parking lot near the restroom/concession stand and upgrade the existing asphalt network of pathways in and around the restroom/concession stand out to the ballfields with concrete pathways and ramps. The wooden stairs between the upper and lower ballfields would be relocated to allow for enhanced ADA access and would also be replaced with concrete steps and metal railings. The existing removable fabric coverings over the four dugouts (two at each ballfield) would be replaced with permanent shade devices. The old existing benches near the tot lot would be replaced in-kind with new or refurbished concrete benches. A new concrete picnic table would complement the patio adjacent to the concession stand window.

**Exempt Status:**

- Ministerial (Section 21080(b)(1); 15268);
- Declared Emergency (Section 21080(b)(3); 15269(a));
- Emergency Project (Section 21080(b)(4); 15269(b)(c));
- Categorical Exemption: Class 1 "Existing Facilities"
- Statutory Exemption:

**Reason(s) why Project is Exempt:**

The proposed project qualifies for the above CEQA exemption because it involves the repair, maintenance, and minor alteration of existing public structures, facilities, mechanical equipment, or topographical features, involving negligible or no expansion of the existing park use.

Signature:  \_\_\_\_\_  
Hector J. Rojas, AICP  
Planning Manager  
City of Martinez

Date: 12/2/21



State of California - Department of Fish and Wildlife  
**2021 ENVIRONMENTAL FILING FEE CASH RECEIPT**  
 DFW 753.5a (REV. 01/01/21) Previously DFG 753.5a

**Print**      **StartOver**      **Finalize&Email**

RECEIPT NUMBER:  
07-12/02/2021-484

STATE CLEARINGHOUSE NUMBER (If applicable)

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

|  |  |                    |
|--|--|--------------------|
| LEAD AGENCY<br>CITY OF MARTINEZ - COMMUNITY DEVELOPMENT DEPARTMENT | LEAD AGENCY EMAIL<br>hrojas@cityofmartinez.org | DATE<br>12/02/2021 |
| COUNTY/STATE AGENCY OF FILING<br>CONTRA COSTA                      | DOCUMENT NUMBER<br>2021-00464                  |                    |

PROJECT TITLE  
HIDDEN LAKES PARK IMPROVEMENTS PROJECT (RESTROOM/CONCESSION AND ADA PATHWAYS)

|   |                         |                                |
|---|-------------------------|--------------------------------|
| PROJECT APPLICANT NAME<br>CITY OF MARTINEZ - COMMUNITY DEVELOPMENT DEPARTMENT | PROJECT APPLICANT EMAIL | PHONE NUMBER<br>(925) 372-3524 |
| PROJECT APPLICANT ADDRESS<br>525 HENRIETTA STREET                             | CITY<br>MARTINEZ        | STATE<br>CA                    |
|   |                         | ZIP CODE<br>94553              |

PROJECT APPLICANT (Check appropriate box)

Local Public Agency     School District     Other Special District     State Agency     Private Entity

**CHECK APPLICABLE FEES:**


- Environmental Impact Report (EIR)      \$ 3,445.25 \$ \_\_\_\_\_
- Mitigated/Negative Declaration (MND)(ND)      \$ 2,480.25 \$ \_\_\_\_\_
- Certified Regulatory Program (CRP) document - payment due directly to CDFW      \$ 1,171.25 \$ \_\_\_\_\_

- Exempt from fee
  - Notice of Exemption (attach)
  - CDFW No Effect Determination (attach)
- Fee previously paid (attach previously issued cash receipt copy)

- Water Right Application or Petition Fee (State Water Resources Control Board only)      \$ 850.00 \$ \_\_\_\_\_
- County documentary handling fee      \$ 50.00 \$ \_\_\_\_\_ **50.00**
- Other      \$ \_\_\_\_\_

**PAYMENT METHOD:**

- Cash     Credit     Check     Other      **TOTAL RECEIVED \$ \_\_\_\_\_ 50.00**

|   |  |
|---|--|
| SIGNATURE<br><b>X</b>  | AGENCY OF FILING PRINTED NAME AND TITLE<br>Lara Jeffrey Deputy Clerk |
|---|--|

Rec: 245821

Deborah Cooper  
 Contra Costa County  
 Clerk-Recorder  
 555 Escobar Street  
 Martinez, CA 94553  
 (925) 335-7900

Public

Receipt No.: 202100245821

Cashier: 212

Register: WINDOW7

Date/Time: 12/02/2021 10:04 AM

| Description                | Fee            |
|----------------------------|----------------|
| <b>NOTICE OF EXEMPTION</b> |                |
| Filing Time:               | 10:04 AM       |
| Filing Total:              | \$50.00        |
| Filing Fee:                | \$50.00        |
| <b>Total Amount Due:</b>   | <b>\$50.00</b> |
| <b>Total Paid</b>          |                |
| Credit Card Tendered:      | \$50.00        |
| #5844                      |                |
| Amount Due:                | \$0.00         |

THANK YOU  
 PLEASE KEEP FOR REFERENCE



12/02/2021 10:03 AM PST

CONTRA COSTA COUNTY RECORDER  
 555 ESCOBAR ST  
 MARTINEZ, CA 94553

TRNTRNG NAME: LC162001

ORDER# 135469726

**PURCHASE**

RECORDER COUNTER PAYMENT \$50.00  
 AGENCY SUBTOTAL \$50.00  
 LEXISNEXIS SERVICE FEE \$2.50  
 TOTAL USD \$52.50

CARD #: 5844 VISA  
 PAYMENT: CREDIT CHIP READ-CONTACT  
 NAME: ISSUER  
 AUTH CODE: 042232  
 VA CODE: HSIC  
 TRAN REF ID: 38136650135202  
 REC ID: 0005  
 APP LABEL: VISA CREDIT  
 CVN: NO SIG REQUIRED  
 AID: A000000051010  
 ARDC: 30B1CEA0001A0A0E  
 AMOUNT \$52.50

\*\*\*\*\*  
**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