

Notice of Exemption

To: Office of Planning and Research
P.O. Box 3044, Room 222
Sacramento, CA 95814

County Clerk
County of Placer

From: Placer County
Planning Services Division
3091 County Center Dr., Suite 140
Auburn, CA 95603

Project Title: Dish Cell Site Permit

Project Number: PLN22-00008

APN#: 017-200-034-000

Project Location: 1160 TARA CT ROCKLIN

Description of Nature, Purpose, and Beneficiaries of Project:

Collocation of DISH wireless onto existing wireless facility and within existing base station.

Name of Public Agency Approving

Placer County Planning Services Division

Entitlement/Action Date:

This project was approved on

Name of Person or Agency Carrying Out Project:

richard Hofman

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: 15301 Existing Facilities
- Statutory Exemptions. State code number:

POSTED FEB 18 2022
Through APR 04 2022
RYAN RONCO, COUNTY CLERK
By *R. Ronco*
Deputy Clerk

#22-055

Reason why project is exempt:

See Project Description

Lead Agency Contact Person

George Rosasgo

Title: Supervising Planner

Tel: 530-745-3065

Signature

Kara M. Castelli

Date

2/17/22



State of California - Department of Fish and Wildlife
2022 ENVIRONMENTAL DOCUMENT FILING FEE
CASH RECEIPT
 DFW 753.5a (REV. 01/01/22) Previously DFG 753.5a

Print **StartOver** **Save**

RECEIPT NUMBER:
 31 — 02/18/2022 —
 STATE CLEARINGHOUSE NUMBER (if applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY PLACER COUNTY PLANNING SERVICES DIVISION	LEAD AGENCY EMAIL	DATE 02/18/2022
COUNTY/STATE AGENCY OF FILING Placer	DOCUMENT NUMBER 220055	

PROJECT TITLE

DISH CELL SITE PERMIT

PROJECT APPLICANT NAME PLACER COUNTY PLANNING SERVICES DIVISION	PROJECT APPLICANT EMAIL	PHONE NUMBER (530) 745-3065
PROJECT APPLICANT ADDRESS 3091 COUNTY CENTER DRIVE STE 140	CITY AUBURN	STATE CA
		ZIP CODE 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) | \$3,539.25 | \$ | 0.00 |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND) | \$2,548.00 | \$ | 0.00 |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,203.25 | \$ | 0.00 |
|
 | | | |
| <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 | \$ | 0.00 |
| <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 X <i>S Kasza</i>	AGENCY OF FILING PRINTED NAME AND TITLE S KASZA, DEPUTY
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