

POSTED FEB 17 2023  
Through 4/6/23 AK  
RYAN RONCO, COUNTY CLERK  
By [Signature]  
Deputy Clerk

23-034

### 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:** NORDEN CROSS-KNAUF MBLA  
**Project Number:** PLN22-00226  
**APN#:** 069-070-048-000

**Project Location:**

**Description of Nature, Purpose, and Beneficiaries of Project:**

Minor boundary line adjustment between Norden Cross LLC APN 069-070-048-000 and Knauf Family Tru: APN 069-070-039-000.

**Name of Public Agency Approving**  
Placer County Planning Services Division

**Entitlement/Action Date:**  
This project was approved on February 16, 2023

**Name of Person or Agency Carrying Out Project:**  
Michael Farrauto

**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:

Class 5 Minor Alterations in Land Use Limitations - Placer County Environmental Review Ordinance (CEQA Guidelines Section 15305).

**Reason why project is exempt:**  
See Project Description

**Lead Agency Contact Person**

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

Signature [Signature] Date 2/16/23



**PLACER COUNTY CLERK  
2023 ENVIRONMENTAL FILING FEE  
CASH RECEIPT**

RECEIPT NUMBER 31-230034
STATE CLEARING HOUSE NUMBER (if applicable)

LEAD AGENCY	LEAD AGENCY EMAIL	DATE 02/17/2023
COUNTY/STATE AGENCY OF FILING PLACER COUNTY CLERK AUBURN		DOCUMENT NUMBER 230034
PROJECT TITLE NORDEN CROSS-KNAUF MBLA		
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): <input checked="" type="checkbox"/> Local Public Agency <input type="checkbox"/> School District <input type="checkbox"/> Other Special District <input type="checkbox"/> State Agency <input type="checkbox"/> Private Entity		

**CHECK APPLICABLE FEES:**

<input type="checkbox"/> Environmental Impact Report (EIR)	\$3,839.25	\$ _____
<input type="checkbox"/> Mitigated/Negative Declaration (MND) (ND)	\$2,764.00	\$ _____
<input type="checkbox"/> Certified Regulatory Program (CRP) document – payment due directly to CDFW	\$1,305.25	\$ _____
<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)		
<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 _____		\$ _____
<b>PAYMENT METHOD:</b>	<b>TOTAL RECEIVED</b>	<b>\$50.00</b>
<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check <input checked="" type="checkbox"/> Other: <u>Journal</u>		

SIGNATURE X	AGENCY OF FILING PRINTED NAME AND TITLE A. Swanson, DEPUTY
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