## Notice of Exemption

P.O. Box 3044, Room 222 Sacramento, CA 95814	Placer County Planning Services Division 3091 County Center Dr., Suite 140 Auburn, CA 95603
County Clerk County of Placer	Aubum, OA 33000
Project Title: JONES VARIANCE Project Number: PLN23-00120 APN#: 023-520-011-000	
Project Location: 3155 SILKY OAK DR ROSEVILLE	
Statutory Exemptions. State code number:  Reason why project is exempt: See Project Description	

## **Lead Agency Contact Person**

George Rosasco

Title: Supervising Planner

Tel: 530-745-3065

RECEIVED

Signature

Date (20/23

JUN 20 2023



## PLACER COUNTY CLERK 2023 ENVIRONMENTAL FILING FEE CASH RECEIPT

RECEIPT	NUM	BEF
31-	230	122

STATE CLEARING HOUSE NUMBER (if applicable)

•					
LEAD AGENCY PLACER COUNTY PLANNING SERVICES DIVISION		LEAD AGENCY EMAIL	DATE 06/2:	DATE 06/21/2023	
COUNTY/STATE AGENCY OF FILING			DOCU	MENT NUMBER	
PLACER COUNTY CLERK AUBURN			2301		
I ENGLIN GOONT GEENN NOBONN			18.		
PROJECT TITLE JONES VARIANCE					
PROJECT APPLICANT NAME	AIL PHON	AL PHONE NUMBER			
PROJECT APPLICANT NAME PLACER COUNTY PLANNING SERVICES DIVISION PROJECT APPLICANT EMA			530-745-3065		
PROJECT APPLICANT ADDRESS			ZIP CC	ZIP CODE	
3091 COUNTY CENTER DRIVE STE 140	AUBURN	CA	9560		
PROJECT APPLICANT (Check appropriate box):					
Local Public Agency □ School District □	Other Special Dist	rict	☐ Private E	ntity	
CHECK APPLICABLE FEES:					
☐ Environmental Impact Report (EIR)			¢2 920 25	¢	
☐ Mitigated/Negative Declaration (MND) (ND		\$3,839.25 \$ \$2,764.00 \$			
	7.		and the contract of the contract	100	
☐ Certified Regulatory Program (CRP) docu	ment – payment dı	ue directly to CDFW	\$1,305.25	\$	
Exempt from fee					
AND MADE IN AN AN AND AN AND AN AND AND AND AND AN					
Notice of Exemption (attach)	)				
☐ CDFW No Effect Determinatio	n (attach)				
☐ Fee previously paid (attach previously is	sued cash receipt	copy)			
			2		
☐ Water Right Application or Petition Fee (S	tate Water Resourc	es Control Board Only)	\$850.00	\$	
☑ County documentary handling fee				\$ 50.00	
□ Other				\$	
PAYMENT METHOD:		TOTAL REC	CEIVED	\$50.00	
□ Cash □ Credit □ Check ☒ Other:,	Journal				
		IO DENITED MANE AND	TIT! F		
SIGNATURE	AGENCY OF FILIN	NG PRINTED NAME AND	IIILE		
X S Karra	S. Kasza,	DEPUTY			
	1				