Through AUG 12023

RYAN RONCO, COUNTY CLERK

By Deputy Clerk

Notice of Exemption

To: X	Office of Planning a P.O. Box 3044, Roc Sacramento, CA 95 County Clerk County of Placer	om 222	From:	Placer County Planning Services Division 3091 County Center Dr., Suite 140 Auburn, CA 95603
Project Nu	e: DOYLE VARIAN mber: PLN23-000 2-060-045-000			
Project Lo	cation: 11755 AT\	WOOD RD AUBURN		
APPLICAN' NORTH PF FOR AN U REQUIREI Name of Pr Placer Cour Entitlemen This project	T REQUESTNG A VAROPERTY LINE AND NPERMITTED ADD TO D. Library Planning Services t/Action Date: was approved on the control of	s Division May 18, 2023	BACK T	·o
Exempt Sta	atus:			
Ministe Declar Emerg X Catego	erial (Sec. 2108(b)(1); ed Emergency (Sec. ency Project (Sec. 21	21080(b)(3): 15269(a)); 1080(b)(4); 15269(b)(c)); te type and section num	ber: Se Er	ection 15303 of the California nvironmental Quality Act Guidelines and ection 18.36.050 of the Placer County
	ny project is exempt t Description	:	Er Ne	nvironmental Review Ordinance (Class 3 ew Construction Small Structures) ecause the ADU is a small structure.
Lead Agen	cy Contact Person			
George Ros	sasco Title	Supervising Planner		Tel: 530-745-3065
Signature	March			_ Date

世23-103



PLACER COUNTY CLERK 2023 ENVIRONMENTAL FILING FEE CASH RECEIPT

ECEIPT	N	U	M	В	E	F
31-	2	3	0	1	0	3

STATE CLEARING HOUSE NUMBER (If applicable)

LEAD AGENCY PLACER COUNTY PLANNING SERVICES DIV	LEAD AGENCY EMAIL	DATE	DATE 06/07/2023		
COUNTY/STATE AGENCY OF FILING	/IBION	/		MENT NUMBER	
PLACER COUNTY CLERK AUBURN		2301			
T LACER COUNTY CLERK AUBURN				-	
PROJECT TITLE					
DOYLE VARIANCE		PROJECT APPLICANT EMA	п Триом	- NUMBER	
PROJECT APPLICANT NAME PLACER COUNTY PLANNING SERVICES DIV	PHONE NUMBER 530-745-3065				
PROJECT APPLICANT ADDRESS	STATE	ZIP CODE			
3091 COUNTY CENTER DRIVE STE 140	AUBURN	CA		95603	
PROJECT APPLICANT (Check appropriate box):					
	Other Special Dist	rict State Agency	☐ Private E	ntity	
CHECK APPLICABLE FEES:			** ***	•	
☐ Environmental Impact Report (EIR)			\$3,839.25	\$ \$	
☐ Mitigated/Negative Declaration (MND) (ND))			A	
☐ Certified Regulatory Program (CRP) docu	ment – payment du	e directly to CDFW	\$1,305.25	\$	
Exempt from fee					
Notice of Exemption (attach)					
Notice of Exemption (attach)					
☐ CDFW No Effect Determination	n (attach)				
☐ Fee previously paid (attach previously is:	sued cash receipt	cony)			
El ee previously paid (attach previously is.	sucu casii icccipi	,opy1			
☐ Water Right Application or Petition Fee (St	tate Water Resourc	es Control Board Only)	\$850.00	\$	
				\$ 50.00	
☐ Other				¢	
- Other				*	
PAYMENT METHOD:	EIVED	\$50.00			
🗆 Cash 🗅 Credit 🗅 Check 🔀 Other:	Journal				
			9		
SIGNATURE	AGENCY OF FILIN	IG PRINTED NAME AND	TITLE.		
X M. W. W. A. X	C. Wheele				