OF CALLO

COUNTY OF LAKE

COMMUNITY DEVELOPMENT DEPARTMENT Planning Division Courthouse - 255 N. Forbes Street Lakeport, California 95453 Telephone 707/263-2221 FAX 707/263-2225

FILED

October 6, 2023

JENAVIVE HERRINGTON

COUNTY CLERK LAKE COUNTY

NOTICE OF EXEMPTION

By Ko

TO:

County Clerk

Office of Planning & Research

County of Lake

1400 Tenth Street

Lakeport, CA 95453

Sacramento, CA 95814-3044

FROM:

Lake County Community Development Dept.

255 North Forbes Street Lakeport, CA 95453

PROJECT TITLE:

Regency Inn Seawall Repair CEQA Exemption (CE 23-38); Zoning

Clearance (ZC 23-284)

PROJECT LOCATION:

1010 N. Main Street, Lakeport 95453

COUNTY:

Lake

DESCRIPTION OF PROJECT: Removal of an approximately 60 ft section of failed masonry seawall and replacement with a reinforced concrete seawall. The new seawall will be doweled into the existing seawall. Tules and Hitch are present adjacent to the project, however project activities will not disturb these resources.

NAME OF PUBLIC AGENCY APPROVING PROJECT: Lake County Community Development Department

NAME OF PERSON OR AGENCY CARRYING OUT PROJECT: County of Lake, Water Resources Department

EXEMPT STATUS (Check One):

	Ministerial [Section 21080(b); 15268];	
	Declared Emergency [Section 21080(b)(3); 15269(a)];	
\boxtimes	Emergency Project [Section 21080(b)(4); 15269(b)(c)];	
	Statutory Exemption: State code number:	_;
	Categorical Exemption (Sections 15301(d) and 15303(e) of the State CEQA Guidelines)	
	General Rule [Section 15061(b)(3)]	

REASONS WHY PROJECT IS EXEMPT:

An Emergency Project Statutory Exemption from the California Code of Regulations, Title 14, Division 6, Chapter 3, Section 15269 (b)(c), will be applied to this project:

- 15269(b) Emergency repairs to publicly or privately owned service facilities necessary to
 maintain service essential to the public health, safety or welfare. Emergency repairs include
 those that require a reasonable amount of planning to address an anticipated emergency
- 15269 (c), Specific actions necessary to prevent or mitigate an emergency

The replacement and repair of the seawall is needed for safety reasons (to avoid collapse of the structure into the lake and disruption of aquatic habitat). Clearlake Hitch were found to occur in the waters adjacent to the project, however the construction of the seawall at the site will occur outside of the water. The project benefits the owner and guests of the commercial facility.

CONTACT PERSON: Katherine Schaefers TELEPHONE NUMBER: 707-263-2221

Signature: Date: October 6, 2023

Title: Resource Planner

STATION OF CALIBRATION

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Date: October 6, 2023

Title: Resource Planner

Signature:

State of California - Department of Fish and Wildlife 2023 ENVIRONMENTAL DOCUMENT FILING FEE **CASH RECEIPT**

DFW 753.5a (REV. 01/01/23) Previously DFG 753.5a

		Print	StartOver	Finalize&Email	
		RECEIPT NUM	IBER:		
		17-10/06/2023-092 STATE CLEARINGHOUSE NUMBER (If applicable)			
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.					
LEAD AGENCY	LEADAGENCY EMAIL		DATE		
LAKE COUNTY COMMUNITY DEVELOPMENT		10/06/2023			
COUNTY/STATE AGENCY OF FILING		DOCUMENT NUMBER			
LAKE COUNTY		2023-127			
PROJECT TITLE			1		
REGENCY INN SEAWALL REPAIR CE 23-38					
PROJECT APPLICANT NAME	PROJECT APPLICANT	EMAIL	PHONE NUME	ER	
LAKE COUNTY WAER RESOURCES					
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE		
			01100		
PROJECT APPLICANT (Check appropriate box)					
	Other Special District	State A	Agency	Private Entity	
CHECK APPLICABLE FEES:		£ 2 820 25 a			
☐ Environmental Impact Report (EIR)					
Mitigated/Negative Declaration (MND)(ND)	C II COFFA				
Certified Regulatory Program (CRP) document - payment due	directly to CDFVV	\$ 1,305.25 \$			
☑ Exempt from fee	*				
✓ Notice of Exemption (attach)					
☐ CDFW No Effect Determination (attach)					
☐ Fee previously paid (attach previously issued cash receipt cop	ογ)				
3					
☐ Water Right Application or Petition Fee (State Water Resource	es Control Board only)	s 850.00 \$			
■ County documentary handling fee			19		
☐ Other		\$			
PAYMENT METHOD:					
☐ Cash ☐ Credit ☑ Check ☐ Other 1756	TOTAL	RECEIVED \$		50.00	
SIGNATURE AGE	NCY OF FILING PRINTED	NAME AND TITLE			
X Ka_			Deputy Coun	tv Clerk	
				A = 1.4.1.	

COPY - COUNTY CLERK

COPY - CDFW/ASB