

Notice of Exemption

2023154

Appendix E

To: Office of Planning and Research
P.O. Box 3044, Room 113
Sacramento, CA 95812-3044
County Clerk
County of: Madera
200 W. Fourth Street
Madera, CA 93637

From: (Public Agency): Madera County
200 W. Fourth Street
Madera, CA 93637
(Address)

FILED
MADERA COUNTY
2023 NOV - 8 A 11: 02
REBECCA MARTINEZ
COUNTY CLERK

Project Title: Evacuation Route Fuels Treatment Project Site #5

Project Applicant: Madera County

Project Location - Specific:
Located within ROW on both sides of Indian Springs Road from the Big Oak Flat Road intersection south to the River Parkway Road intersection; includes both sides of 5 Oaks Ln. and 5 Oaks Circle roads as well.

Project Location - City: Oakhurst Project Location - County: Madera

Description of Nature, Purpose and Beneficiaries of Project:
Project uses contracted hand crews to conduct removal of hazardous vegetative fuels to CAL FIRE Zone 2 defensible space standards for wildfire hazard mitigation within the public right-of-way on both sides of Indian Springs, 5 Oaks Lane, and 5 Oaks Circle roads. Project area is approximately 0.84 ml./4368 ft. in length.

Name of Public Agency Approving Project: Madera County

Name of Person or Agency Carrying Out Project: Eastern Madera County Fire Safe Council (EMCFSC)

Exempt Status: (check one):

- Ministerial (Sec. 21080(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:

Reasons why project is exempt:
This project falls under section 21080(b)(4) and 15269 (c) as the project actions will help prevent and mitigate a potential fire emergency along an established evacuation route and protects the Oakhurst community. The project site is located in a CAL FIRE-designated "High Severity" fire hazard severity zone.

Lead Agency
Contact Person: Tristan Shamp Area Code/Telephone/Extension: (559) 675-7703

If filed by applicant:

- 1. Attach certified document of exemption finding.
2. Has a Notice of Exemption been filed by the public agency approving the project? Yes No

Signature: [Signature] Date: 11/06/2023 Title: Grant Services Manager

Signed by Lead Agency Signed by Applicant

Authority cited: Sections 21083 and 21110, Public Resources Code. Date Received for filing at OPR:
Reference: Sections 21108, 21152, and 21152.1, Public Resources Code.

RECEIVED
NOV 08 2023
ADMINISTRATION OFFICE



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

RECEIPT NUMBER: 20-11082023-154
STATE CLEARINGHOUSE NUMBER (If applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY MADERA COUNTY	LEAD AGENCY EMAIL tristan.shamp@maderacounty.com	DATE 11/08/2023
COUNTY/STATE AGENCY OF FILING MADERA	DOCUMENT NUMBER 2023154	

PROJECT TITLE
EVACUATION ROUTE FUELS TREATMENT PROJECT SITE #5

PROJECT APPLICANT NAME MADERA COUNTY	PROJECT APPLICANT EMAIL tristan.shamp@maderacounty.com	PHONE NUMBER (559) 675-7703
PROJECT APPLICANT ADDRESS 200 W 4TH STREET	CITY MADERA	STATE CA
		ZIP CODE 93637

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)	\$3,839.25	\$ _____
<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	\$ _____

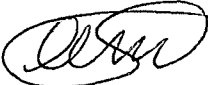
Exempt from fee
 Notice of Exemption (attach)
 CDFW No Effect Determination (attach)
 Fee previously paid (attach previously issued cash receipt copy)

<input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only)	\$850.00	\$ _____
<input type="checkbox"/> County documentary handling fee		\$ _____
<input type="checkbox"/> Other		\$ _____

PAYMENT METHOD:

Cash
 Credit
 Check
 Other

TOTAL RECEIVED \$ _____ \$0.00

SIGNATURE X 	AGENCY OF FILING PRINTED NAME AND TITLE Anne Marks, Deputy County Clerk-Recorder
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