·		Print		Save
		RECEIPT NUM	BER:	
		47-01/09/2024-0	001	
		STATE CLEAR	NGHOUSE NUMBE	R (If applicable)
SEE INSTRUCTIONS ON REVERSE, TYPE OR PRINT CLEARLY.				
LEAD AGENCY	LEADAGENCY EMAIL		DATE	
C!TY OF MT SHASTA			01/09/2024	
COUNTY/STATE AGENCY OF FILING			DOCUMENT NUM	/BER
SISKIYOU COUNTY			2024-47-001	
PROJECTTITLE				
2023-31 HOUSING ELEMENT UPDATE PROJECT APPLICANT NAME CITY OF MT SHASTA	PROJECT APPLICANT E	MAIL	PHONE NUMBER	
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE	
305 N. MT. SHASTA BLVD	MOUNT SHASTA			
PROJECT APPLICANT (Check appropriate box)	INCONT SHASTA	CA	96067	
X Local Public Agency	Other Special District	☐ State A	gency	Private Entity
CHECK APPLICABLE FEES:  Environmental Impact Report (EIR)  Mitigated/Negative Declaration (MND)(ND)  Certified Regulatory Program (CRP) document - payment due of		\$ 2,916.75 \$		
<ul> <li>☑ Exempt from fee</li> <li>☑ Notice of Exemption (attach)</li> <li>☐ CDFW No Effect Determination (attach)</li> <li>☐ Fee previously paid (attach previously issued cash receipt copy</li> </ul>	)			
☐ Water Right Application or Petition Fee (State Water Resources	Control Board only)	s 850.00 <sup>\$</sup>		
☑ County documentary handling fee				
☐ Other		\$		
PAYMENT METHOD:				_
⊠ Cash	TOTAL R	ECEIVED \$		50.00
ENDURSED-E. FRANCU	CY OF FILING PRINTED NA	AME AND TITLE		
X Esme	ralda Franco Deputy Cler	k		

ORIGINAL - PROJECT APPLICANT

COPY - COFW/ASB

COPY - LEAD AGENCY

## Notice of Exemption

Appendix E

To: Office of Planning and Research P.O. Box 3044, Room 113	From: (Public Agency): Jeff Mitchem, Planning Director City of Mt Shasta, 305 N Mt Shasta Bivd			
Sacramento, CA 95812-3044	Mt Shasta, CA 96067			
County Clerk County of: Slsklyou	(Address)	Siskiyou County		
· · · · · · · · · · · · · · · · · · ·		JAN 09 2024		
Project Title: 2023-31 Housing Element L	Jpdate BY:	LAURA BYNUM, CLERK ENDORSED-E 1		
Project Applicant: City of Mt Shasta		Deputy C		
Project Location - Specific: City-wide				
Project Location - City: Mt Shasta	Project Location - County: Siskiy	<u></u>		
Description of Nature, Purpose and Beneficiaries Comply with State Housing Element La	of Project: W			
Name of Public Agency Approving Project: Cty  Name of Person or Agency Carrying Out Project:	of MtShasta Jeff Mtchem			
Exempt Status: (check one):  Ministerial (Sec. 21080(b)(1); 15268);  Declared Emergency (Sec. 21080(b)(3); 15  Emergency Project (Sec. 21080(b)(4); 15  Categorical Exemption. State type and se	15269(a)); 269(b)(c)); action number: <u>"Common Sense" 15</u>	061(b)(3)		
Reasons why project is exempt: The City, as lead agency, doternined the 2023-31 Housing Eletnont update do the Celifornia Environmental Quality Act (CEQA) under Section 15061(b)(3) of changes to the environment; the Housing Element does not make any changes densitios, or land use intensities established by the General Plan; the revisions allowed by the General Plan and those stendards currently required by State tenew devolopment or rehabilitetion of existing development, but rether updates housing law.	oos not hove the potential to cause a significant impact to the envir the CEQA Guidelines as the Housing Element will not result in an s to the General Plan land use map and would not modify any land s would not result in ony changes to the intensities of each title of aw; the Housing Element does not antitle, propose, or otherwise re	l uso dosignetions, ellowed lilowed uses beyond thoso quire the conskuction of		
Lead Agency Contact Person: Jeff Michem	Area Code/Telephone/Extension:	971.400.1840		
If filed by applicant:  1. Attach certified document of exemption find 2. Has a Notice of Exemption been filed by the	ling. e public agency approving the project?	<b>Y</b> es No		
791,000		g Director		
Signed by Lead Agency Signed by Authority cited: Sections 21083 and 21110, Public Resources	Applicant  Date Received for filling at OP	R:		

## CALIFORNIA ENVIRONMENTAL FEE FORM

On_	01.09.2024	,		filed an application
foŗ d	(Date) evelopment with	h the	(Name)  City of Mt Shasta  (Name of City)	Before the application
is ac	cepted as compl	ete for	processing, fees in the following amount(s	s) must be deposited with
the C	County Clerk.			•
		х	Clerk Processing Fee	\$50.00
			Negative Declaration	<b>\$2,9</b> 16. <b>7</b> 5*
			EIR	\$4,051.25
			Categorically Exempt	\$0.00
			Statutorily Exempt	\$0.00
			Fee Exemption issued by the DFG	\$0.00
			Other	\$
_	roject shall be o 2 §21089 (b)	perativo	e, vested or final until the required fee is pa	aid. <i>Public Resources</i>
On _	109 24 (Date)	.,	14 of M. Shabta deposited (Name) ENDORSED-E. FRANC	
with	the Siskiyou Co	ounty Cl	erk(Attest)	<u> </u>
Appl (To l	lication No. $\frac{k}{2}$	A- nen appi		<u>2024002968</u> 47-01/09/2024-001

<sup>\*</sup> If it is determined by Siskiyou County that the fee required for a Negative Declaration does not apply to your project a refund will be granted.

2024 Fee. Form

## Laura Bynum

## Siskiyou

County Clerk/Registrar of Voters

311 4th St., Rm. 201

Yreka, CA 96097

(530) 842-8084

Public

Receipt No.: RPT2024000000019

Finalization No. 2024002968

cashier:

28

Register: CLK-044

Amount Due:

Date/Time: 01/09/2024 11:28 AM

\$0.00

Description	B'68 ومعود عالما للسرانا وقال مساوية عدون ا
NOTICE OF EXEMPTION	
Filing Time:	11:28 AM
Filing Total:	\$50.00
Filing Fee:	\$50.00
Total Amount Due:	\$50.00
Total Paid	ونندقسيارمقانفد
Cash Tendered:	\$60.00
Change	\$10.00

THANK YOU PLEASE KEEP FOR REFERENCE

