Not	ice of Exemption		Appendix E		
To:	Office of Planning and Research	From: (Public Agency):	City of Brisbane 50 Park Place		
10.	P.O. Box 3044, Room 113	, -			
	Sacramento, CA 95812-3044	Brisbane, CA 94005			
	County Clerk County of: San Mateo 555 County Center Redwood City, CA 94063	of: San Mateo (Add			
Proj	ect Title: Alvarado Stairway Water Ma	ain Rehabilitation Project	MAR 1 4 2024		
	ect Applicant: City of Brisbane		MARK CHURCH, County Clo		
	ect Location - Specific:		By WILES LADOU		
	tral Brisbane Alley between Alvarado Sta	and San Benito Rd in Brisbane,	CA INICES EUT ON		
Droi	est Legation City. Brisbane	Project Location - (County: San Mateo		
-	ect Location - City: Dispane cription of Nature, Purpose and Benefici		County.		
pur	ric-reinforced liner, and replacing an exist pose is to strengthen a vulnerable section ne of Public Agency Approving Project:	n of the existing water distribu			
	ne of Person or Agency Carrying Out Pro				
	mpt Status: (check one):				
	 Ministerial (Sec. 21080(b)(1); 15268 Declared Emergency (Sec. 21080(b) Emergency Project (Sec. 21080(b)) Categorical Exemption. State type at Statutory Exemptions. State code n 	b)(3); 15269(a)); 4); 15269(b)(c)); and section number: 15302(c))		
Rea	sons why project is exempt:		-		
The	project consists of rehabilitating and repairs serving the same purpose and inv				
	d Agency tact Person: Gerald Flanagan	Area Code/Telepho	one/Extension: 415-508-2137		
	ed by applicant: 1. Attach certified document of exemptic 2. Has a Notice of Exemption been filed	by the public agency approving	Don't Division Works		
Sign	ature: Terriffingu	Date: 3/13/2024	Title: Dept. Dir. of Public Works		
	■ Signed by Lead Agency Sign	ned by Applicant			

Authority cited: Sections 21083 and 21110, Public Resources Code. Reference: Sections 21108, 21152, and 21152.1, Public Resources Code.

Date Received for filing at OPR: _____

DFW 753.5a (REV. 01/01/24) Previously DFG 753.5a

			Print		Save	
			RECEIPT NUM	MBER:		
			41-03142024-0	0002		
	STATE CLE				ARINGHOUSE NUMBER (If applicable)	
SEE INSTRUCTIONS ON REVERSE	. TYPE OR PRINT CLEARLY	ſ				
EAD AGENCY		LEADAGENCY EMAIL		DATE		
CITY OF BRISBANE				03/14/2024		
COUNTY/STATE AGENCY OF FILING	3			DOCUMENT	NUMBER	
SAN MATEO COUNTY			128850			
PROJECT TITLE			<u>-</u>	· · ·		
ALVARADO STAIRWAY WATER MA	IN REHABILITATION PROJE			Inua · · · ·		
PROJECT APPLICANT NAME		PROJECT APPLICANT	=MAIL	PHONE NUM	BER	
CITY OF BRISBANE			07175	710.000		
PROJECT APPLICANT ADDRESS		CITY	STATE	ZIP CODE		
50 PARK PLACE		BRISBANE	CA	94005		
PROJECT APPLICANT (Check approximately) X Local Public Agency	opriate box) School District	Other Special District	☐ State	A	Private Entity	
Local Fublic Agency	School District	Other Special District			Filvate Chirty	
CHECK APPLICABLE FEES:						
☐ Environmental Impact Report (EIR)		\$ 4,051.25	5		
☐ Mitigated/Negative Declaration						
☐ Certified Regulatory Program (CRP) document - payment du	e directly to CDFW				
■ Exempt from fee						
Notice of Exemption (att	ach)					
CDFW No Effect Determ						
☐ Fee previously paid (attach pre	eviously issued cash receipt co	рру)				
☐ Water Right Application or Peti	tion Fee (State Water Resource	ces Control Board only	050.00			
County documentary handling		bos control board offly/	,	F		
☐ Other	100			• \$	30.00	
PAYMENT METHOD:			`	·		
	heck Dother 016293	TOTAL	RECEIVED \$		50.00	
			· · · · · · · · · · · · · · · · · · ·			
SIGNATURE	l l	ENCY OF FILING PRINTED I	VAME AND TITLE	_		
X wilrows	line	and analysis of the				
a maring	Nil	es Lopshire Deputy Clerk				

DATE 3/14/2024

20240314

INVOICE #

PO#

VENDOR: SMCC03 SAN MATEO COUNTY CLERK-RECORDER DESCRIPTION

CEQA NOTICE OF EXEMPTION - COUNTY HANDLING FEE

16293



50 Park Place Brisbane, CA 94005 AMOUNT

County of San Mateo Clerk-Recorder Mark Church 555 County Center Redwood City, CA 94063 (650) 363-4500

Receipt No.: RPT20240015047

Finalization No.: 2024014820

78 Cashier:

Register: 021

Date/Time: 03/14/2024 04:27 PM

Title Count 1 NOE

NOTICE OF EXEMPTION

128850 Document No.: Filing Time: 04:27 PM

Filing Total: \$50.00 \$50.00 Filing Fee:

Total Amount Due: \$50.00

Total Paid

Check Tendered: \$50.00

#016293

Amount Due:

\$0.00

THANK YOU PLEASE RETAIN THIS RECEIPT FOR YOUR RECORDS

https://www.smcacre.org/



03/14/2024 04:27 PM