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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------|------------|---------------------------|---------------------------------------|
| /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         | E2024100                 | 00174      | 4                         |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | STATE CL                 | EAR        | INGHOUSE NI               | JMBER (if applicable)                 |
| SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                          |            |                           | · · · · · · · · · · · · · · · · · · · |
| LEAD AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LEAD AGENCY EMAIL       |                          |            | DATE                      |                                       |
| CITY OF FOWLER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                          |            | 06/06/2024                |                                       |
| COUNTY/STATE AGENCY OF FILING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                          |            | DOCUMENT                  | NUMBER                                |
| FRESNO COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                          |            | E2024100001               | 174                                   |
| PROJECT TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                          |            |                           |                                       |
| SITE PLAN REVIEW 23-40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                          |            |                           |                                       |
| PROJECT APPLICANT NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PROJECT APPLICANT EN    | ЛДП                      |            | PHONE NUM                 | IRER                                  |
| CITY OF FOWLER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TROSEOT ALL EIGANT EI   | VIAIL                    |            |                           |                                       |
| PROJECT APPLICANT ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CITY                    | STATE                    |            | (559) 834-311<br>ZIP CODE | 13                                    |
| 128 S. 5TH STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FOWLER                  | CA 93625                 |            |                           |                                       |
| Consider Science Consider to the Consideration of t | POWLER                  |                          |            | 93025                     |                                       |
| PROJECT APPLICANT (Check appropriate box)  X Local Public Agency  School District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other Special District  | ☐ Sta                    | ite Ag     | gency                     | Private Entity                        |
| CUECK APPLICABLE FFFC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                          |            |                           |                                       |
| CHECK APPLICABLE FEES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         | <b>*</b> 4 0 5 4 0 5     | •          |                           | 0.00                                  |
| Environmental Impact Report (EIR)  Mitigated/Negative Declaration (MND)(ND)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         | \$4,051.25<br>\$2,916.75 | \$ -<br>\$ |                           | 0.00                                  |
| Certified Regulatory Program (CRP) document - payment due d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         | \$1,377.25               | φ _<br>\$  |                           | 0.00                                  |
| common regulatory ringram (or a ) accomment payment due a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | medity to ODI VV        | ψ1,577.25                | Ψ _        |                           | 0.00                                  |
| Exempt from fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                          |            |                           |                                       |
| Notice of Exemption (attach)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                          |            |                           |                                       |
| CDFW No Effect Determination (attach)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                          |            |                           |                                       |
| Fee previously paid (attach previously issued cash receipt copy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | )                       |                          |            |                           |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                          |            |                           |                                       |
| Water Right Application or Petition Fee (State Water Resources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Control Board only)     | \$850.00                 | \$ _       |                           | 0.00                                  |
| X County documentary handling fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         | \$50.00                  | \$_        |                           | 50.00                                 |
| X Other CATEGORICAL EXEMPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                          | \$_        |                           | 0.00                                  |
| PAYMENT METHOD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                          |            |                           |                                       |
| Cash X Credit Check Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TOTAL R                 | ECEIVED                  | \$_        |                           | 50.00                                 |
| SIGNATURE AGENC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CY OF FILING PRINTED NA | ME AND TI                | TLE        |                           |                                       |
| X Cierra I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Loera Deputy Clerk      |                          |            |                           |                                       |
| 1/ " (/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                          |            |                           |                                       |

County of Fresno Clerk's Office James A. Kus

Elections Department (559) 600-8683

Clerk Services Department (559) 600-2575

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Fee

EIR Administrative Fee

Time Recorded:

11:26 AM

Recording Fee:

\$50.00

| Total Amount Due | \$50.00 |
|------------------|---------|
| Total Paid       |         |
| Credit Card      | \$50.00 |
| #274722578       |         |

Amount Due

\$0.00

THANK YOU
PLEASE KEEP FOR REFERENCE

F2024/0000174

DEPUTY

## **Notice of Exemption**

Appendix E

| <b>To:</b> Office of Planning and Research P.O. Box 3044, Room 113                                                                                                                                                                                   | From: (Public Agency): City of Fowler                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sacramento, CA 95812-3044                                                                                                                                                                                                                            | Community and Economic Development Department                                                                                                                                                                                                 |
| County Clerk                                                                                                                                                                                                                                         | 128 S. 5th Street, Fowler, CA 93625                                                                                                                                                                                                           |
| County of: Fresno 2220 Tulare St,                                                                                                                                                                                                                    | (Address) <i>E20241000</i>                                                                                                                                                                                                                    |
| Fresno, CA 93721                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                               |
| Site Plan Paviana 00, 40                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |
| Project Title: Site Plan Review 23-40                                                                                                                                                                                                                | JUN 0 6 202                                                                                                                                                                                                                                   |
| Project Applicant: Nancy Chavero, Robin                                                                                                                                                                                                              |                                                                                                                                                                                                                                               |
| Project Location - Specific:                                                                                                                                                                                                                         | By                                                                                                                                                                                                                                            |
| APN 343-181-14 (SE corner of E. Merc                                                                                                                                                                                                                 | eed St. and S 4th St.)                                                                                                                                                                                                                        |
| Project Location - City: Fowler                                                                                                                                                                                                                      | Project Location - County: Fresno                                                                                                                                                                                                             |
| Description of Nature, Purpose and Beneficiaries                                                                                                                                                                                                     |                                                                                                                                                                                                                                               |
| developed with a single family residence that has s                                                                                                                                                                                                  | on of a triplex on the 0.17 acre site. The site was previously since been demolished. The triplex two stories in height with , covered parking would be provided as a part of the Project.                                                    |
| Name of Public Agency Approving Project: City of                                                                                                                                                                                                     | of Fowler                                                                                                                                                                                                                                     |
| Name of Person or Agency Carrying Out Project:                                                                                                                                                                                                       | Nancy Chavero, Robina Wright                                                                                                                                                                                                                  |
| Exempt Status: (check one):  ☐ Ministerial (Sec. 21080(b)(1); 15268);  ☐ Declared Emergency (Sec. 21080(b)(3); 1  ☐ Emergency Project (Sec. 21080(b)(4); 152  ☑ Categorical Exemption. State type and sec  ☐ Statutory Exemptions. State code number | 269(b)(c));<br>ction number: 15332 Infill Development Projects                                                                                                                                                                                |
| Reasons why project is exempt:                                                                                                                                                                                                                       |                                                                                                                                                                                                                                               |
| the city and is substantially surrounded by urban us<br>special status species. No significant environmenta                                                                                                                                          | d all applicable zoning regulations. The site is located within ses. The Project is previously developed with no value to all effects would result from construction and operation of an be served by existing utilities and public services. |
| Lead Agency<br>Contact Person: Thomas W. Gaffery IV                                                                                                                                                                                                  | Area Code/Telephone/Extension: 5598343113                                                                                                                                                                                                     |
| If filed by applicant:  1. Attach certified document of exemption finding 2. Has a Notice of Exemption been filed by the                                                                                                                             | ng. public agency approving the project? Yes No                                                                                                                                                                                               |
| Signature:                                                                                                                                                                                                                                           | signed by Thomas Gaffery Title: Assistant City Manager                                                                                                                                                                                        |
| ■ Signed by Lead Agency Signed by                                                                                                                                                                                                                    | Applicant                                                                                                                                                                                                                                     |
| Authority cited: Sections 21083 and 21110, Public Resources Reference: Sections 21108, 21152, and 21152.1, Public Resources                                                                                                                          | Code. Date Received for filing at OPR:                                                                                                                                                                                                        |