



City Clerk
311 Vernon Street
Roseville, California 95678

**NOTICE OF DETERMINATION
for a MITIGATED NEGATIVE DECLARATION**

TO: County Clerk
County of Placer
2954 Richardson Drive
Auburn, CA 95603

State Clearinghouse
P. O. Box 3044
Sacramento, CA 95812-3044

FROM: CITY OF ROSEVILLE
Carmen Avalos, City Clerk
311 Vernon Street
Roseville, CA 95678

POSTED OCT 03 2024
Through _____
RYAN RONCO, COUNTY CLERK
By [Signature]
Deputy Clerk

DATE: October 3, 2024

SUBJECT: NOD FILING, AS REQUIRED BY CEQA (Public Resources Code Section 21152)

FILED

PROJECT TITLE: INFILL PCL 198 – WellSpace Health; File #PL24-0330

PROJECT APPROVAL DATE: October 2, 2024

#24-157

OCT 03 2024

STATE CLEARINGHOUSE NUMBER: 2024070769

RYAN RONCO
COUNTY CLERK OF PLACER COUNTY
BY [Signature]
DEPUTY

CONTACT PERSON: Escarlet Mar, City of Roseville Associate Planner – Phone (916) 774-5247

APPLICANT; OWNER: Andi Panagopoulos, Cunningham Engineering (Applicant); Jonathan Porteus, PhD, WellSpace Health (Owner)

PROJECT LOCATION: 100 Stonehouse Court, Roseville, Placer County, CA 95678 (APN 015-162-006-000)

SUMMARY PROJECT DESCRIPTION: The proposed project is a request for a rezone of the 1.56-acre property from Industrial/Business Park to Community Commercial/Special Area to allow medical services with approval of a Conditional Use Permit (CUP). The project also includes a CUP, to allow WellSpace Health Placer Community Health Center to operate a medical clinic on the site, a Design Review Permit Modification to modify the exterior of the building and site accessibility improvements, and an Administrative Permit for a parking reduction of six (6) spaces to allow the medical office use.

DETERMINATIONS FOR MITIGATED NEGATIVE DECLARATION

This notice is to advise interested parties that the City of Roseville (Lead Agency) has approved and made the following determinations regarding the above-described project:

- An *Initial Study/Mitigated Negative Declaration* was prepared and adopted by the City of Roseville pursuant to the provisions of CEQA.
- As approved, the project will not have significant effects on the environment.
- Mitigation measures were made a Condition of Approval of the project and a Mitigation Monitoring and Reporting Program was adopted for this project.
- Findings and a Statement of Overriding Considerations were not adopted for the proposed project since significant and unavoidable impacts were not identified.

The environmental documentation and record of project approval may be examined at the City of Roseville, Office of the City Clerk, 311 Vernon Street, Roseville, CA 95678; Monday–Friday, 8 a.m. to 5 p.m. (916-774-5263).

10/3/24
DATE

[Signature]
Carmen Avalos, City Clerk



**PLACER COUNTY CLERK
2024 ENVIRONMENTAL FILING FEE
CASH RECEIPT**

RECEIPT NUMBER
31-240126

STATE CLEARING HOUSE NUMBER *(if applicable)*
2024070769

LEAD AGENCY CITY OF ROSEVILLE	LEAD AGENCY EMAIL	DATE 08/12/2024
COUNTY/STATE AGENCY OF FILING PLACER COUNTY CLERK	DOCUMENT NUMBER 240126	

PROJECT TITLE
INFILL PCL 198 - WELLSPACE HEALTH, FILE #PL24-0330

PROJECT APPLICANT NAME WELLSPACE HEALTH	PROJECT APPLICANT EMAIL	PHONE NUMBER 916-903-6443
PROJECT APPLICANT ADDRESS C/O CITY OF ROSEVILLE 311 VERNON STREET	CITY ROSEVILLE	STATE CA
		ZIP CODE 95678

PROJECT APPLICANT (Check appropriate box):
 Local Public Agency
 School District
 Other Special District
 State Agency
 Private Entity

CHECK APPLICABLE FEES:

<input type="checkbox"/> Environmental Impact Report (EIR)	\$4,051.25	\$ _____
<input checked="" type="checkbox"/> Mitigated/Negative Declaration (MND) (ND)	\$2,916.75	\$ 2,916.75
<input type="checkbox"/> Certified Regulatory Program (CRP) document – payment due directly to CDFW	\$1,377.25	\$ _____
<input type="checkbox"/> Exempt from fee		
<input type="checkbox"/> Notice of Exemption (attach)		
<input type="checkbox"/> CDFW No Effect Determination (attach)		
<input type="checkbox"/> Fee previously paid (attach previously issued cash receipt copy)		

<input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board Only)	\$850.00	\$ _____
<input checked="" type="checkbox"/> County documentary handling fee		\$ 50.00
<input type="checkbox"/> Other _____		\$ _____

PAYMENT METHOD: TOTAL RECEIVED \$2,966.75

Cash Credit Check Other _____

SIGNATURE X <i>C. Gaska</i>	AGENCY OF FILING PRINTED NAME AND TITLE C Gaska, DEPUTY
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RECEIVED

AUG 16 2024

CITY OF ROSEVILLE
DEVELOPMENT SERVICES