

Notice of Completion & Environmental Document Transmittal

Mail to: State Clearinghouse, P.O. Box 3044, Sacramento, CA 95812-3044 (916) 445-0613
 For Hand Delivery/Street Address: 1400 Tenth Street, Sacramento, CA 95814

SCH #

Project Title: 2024-013 Conditional Use Permit for Jeremy and Lynette Covey-Smith dba 4 Horse Ranch

Lead Agency: Calaveras County Planning Department

Contact Person: Madeleine Flandreau

Mailing Address: 891 Mountain Ranch Road

Phone: 209) 754-6394

City: San Andreas

Zip: 95249

County: Calaveras

Project Location: County: Calaveras

City/Nearest Community: Burson

Cross Streets: Patriot Way and State Route 12

Zip Code: 95252

Longitude/Latitude (degrees, minutes and seconds): _____ ° _____ ' _____ " N / _____ ° _____ ' _____ " W Total Acres: 20

Assessor's Parcel No.: 48-009-052

Section: 21

Twp.: 4N

Range: 10E

Base: MDBM

Within 2 Miles: State Hwy #: S.R. 12

Waterways: Bear Creek

Airports: _____

Railways: _____

Schools: _____

Document Type:

CEQA: NOP

Draft EIR

NEPA: NOI

Other: Joint Document

Early Cons

Supplement/Subsequent EIR

EA

Final Document

Neg Dec

(Prior SCH No.) _____

Draft EIS

Other: _____

Mit Neg Dec

Other: _____

FONSI

Local Action Type:

General Plan Update

Specific Plan

Rezone

Annexation

General Plan Amendment

Master Plan

Prezone

Redevelopment

General Plan Element

Planned Unit Development

Use Permit

Coastal Permit

Community Plan

Site Plan

Land Division (Subdivision, etc.)

Other: _____

Development Type:

Residential: Units _____ Acres _____

Office: Sq.ft. _____ Acres _____ Employees _____

Transportation: Type _____

Commercial: Sq.ft. _____ Acres _____ Employees _____

Mining: Mineral _____

Industrial: Sq.ft. _____ Acres _____ Employees _____

Power: Type _____ MW _____

Educational: _____

Waste Treatment: Type _____ MGD _____

Recreational: _____

Hazardous Waste: Type _____

Water Facilities: Type _____ MGD _____

Other: Equestrian Facility

Project Issues Discussed in Document:

Aesthetic/Visual

Fiscal

Recreation/Parks

Vegetation

Agricultural Land

Flood Plain/Flooding

Schools/Universities

Water Quality

Air Quality

Forest Land/Fire Hazard

Septic Systems

Water Supply/Groundwater

Archeological/Historical

Geologic/Seismic

Sewer Capacity

Wetland/Riparian

Biological Resources

Minerals

Soil Erosion/Compaction/Grading

Growth Inducement

Coastal Zone

Noise

Solid Waste

Land Use

Drainage/Absorption

Population/Housing Balance

Toxic/Hazardous

Cumulative Effects

Economic/Jobs

Public Services/Facilities

Traffic/Circulation

Other: _____

Present Land Use/Zoning/General Plan Designation:

Equestrian Facility and Single-Family Residence/ Rural Residential (RR)/ Working Lands

Project Description: (please use a separate page if necessary)

The applicant is requesting approval of a Conditional Use Permit to allow an existing private equestrian facility on a 20-acre Rural Residential parcel located at 2911 Patriot Way in Burson. The facility is run by the landowners, has up to 40 horses, and proposes up to 4 lessons per day, 3 day per week, for up to 5 invited clients, as well as 3 birthday parties per year for up to 25 people. No development is proposed at this time.

Note: The State Clearinghouse will assign identification numbers for all new projects. If a SCH number already exists for a project (e.g. Notice of Preparation or previous draft document) please fill in.

Reviewing Agencies Checklist

Lead Agencies may recommend State Clearinghouse distribution by marking agencies below with an "X".
If you have already sent your document to the agency please denote that with an "S".

<input type="checkbox"/> Air Resources Board	<input type="checkbox"/> Office of Historic Preservation
<input type="checkbox"/> Boating & Waterways, Department of	<input type="checkbox"/> Office of Public School Construction
<input type="checkbox"/> California Emergency Management Agency	<input type="checkbox"/> Parks & Recreation, Department of
<input type="checkbox"/> California Highway Patrol	<input type="checkbox"/> Pesticide Regulation, Department of
<input checked="" type="checkbox"/> Caltrans District # 10	<input type="checkbox"/> Public Utilities Commission
<input type="checkbox"/> Caltrans Division of Aeronautics	<input type="checkbox"/> Regional WQCB # _____
<input type="checkbox"/> Caltrans Planning	<input type="checkbox"/> Resources Agency
<input type="checkbox"/> Central Valley Flood Protection Board	<input type="checkbox"/> Resources Recycling and Recovery, Department of
<input type="checkbox"/> Coachella Valley Mtns. Conservancy	<input type="checkbox"/> S.F. Bay Conservation & Development Comm.
<input type="checkbox"/> Coastal Commission	<input type="checkbox"/> San Gabriel & Lower L.A. Rivers & Mtns. Conservancy
<input type="checkbox"/> Colorado River Board	<input type="checkbox"/> San Joaquin River Conservancy
<input type="checkbox"/> Conservation, Department of	<input type="checkbox"/> Santa Monica Mtns. Conservancy
<input type="checkbox"/> Corrections, Department of	<input type="checkbox"/> State Lands Commission
<input type="checkbox"/> Delta Protection Commission	<input type="checkbox"/> SWRCB: Clean Water Grants
<input type="checkbox"/> Education, Department of	<input type="checkbox"/> SWRCB: Water Quality
<input type="checkbox"/> Energy Commission	<input type="checkbox"/> SWRCB: Water Rights
<input type="checkbox"/> Fish & Game Region # _____	<input type="checkbox"/> Tahoe Regional Planning Agency
<input type="checkbox"/> Food & Agriculture, Department of	<input type="checkbox"/> Toxic Substances Control, Department of
<input type="checkbox"/> Forestry and Fire Protection, Department of	<input type="checkbox"/> Water Resources, Department of
<input type="checkbox"/> General Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Health Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Housing & Community Development	
<input type="checkbox"/> Native American Heritage Commission	

Local Public Review Period (to be filled in by lead agency)

Starting Date 9/11/2024 Ending Date 10/11/2024

Lead Agency (Complete if applicable):

Consulting Firm: _____	Applicant: <u>Jeremy and Lynette Covey-Smith</u>
Address: _____	Address: <u>2911 Patriot Way</u>
City/State/Zip: _____	City/State/Zip: <u>Burson, CA 95252</u>
Contact: _____	Phone: _____
Phone: _____	

Signature of Lead Agency Representative: Madeleine Flandreau Digitally signed by Madeleine Flandreau
Date: 2023.05.19 11:39:29 -0700 Date: 9/4/2024

Authority cited: Section 21083, Public Resources Code. Reference: Section 21161, Public Resources Code.