



CITY OF SAN BERNARDINO
COMMUNITY DEVELOPMENT DEPARTMENT
NOTICE OF EXEMPTION

FROM: CITY OF SAN BERNARDINO
 Community Development Department
 201 N. E Street
 San Bernardino, CA 92401

TO: OFFICE OF PLANNING & RESEARCH
 1400 Tenth Street, Room 121
 Sacramento, CA 95814

CLERK OF THE BOARD
 County of San Bernardino
 385 North Arrowhead Avenue
 San Bernardino, CA 92415

Subject: Filing of a Notice of Exemption pursuant to CEQA Guidelines Section 15062.
 Extension of Time 24-06

Project Title: Gabriela Sosa
 (909) 384-3512
 1081 W 10th Street, San Bernardino, CA

Lead Agency Contact Person:

Telephone (include area code):

Project Location (include county):

Project Description: A request to allow a one (1) year time extension for previously approved Subdivision 22-04 involving the subdivision of a parcel containing approximately 0.43 acres into two (2) parcels containing approximately 0.21 acres (parcel 1) and 0.2 acres (parcel 2).
 located at 1081 West 10th St, APN: 0139-191-03, Ward 1.

Name of Public Agency Approving Project: City of San Bernardino, Community and Economic Development Department

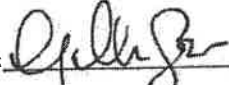
Name of Applicant or Agency Implementing Project: Handaja Harijamto

- Exempt Status: (check one)**
- Ministerial Exemption (§21080(b)(1); §15268)
 - Categorical Exemption. State Type & Section Number: Section 15061(b)(3) (Review for Exemption)
 - Statutory Exemption. State Code Number:
 - Emergency Project (§21080(b)(3); §15269(a))
 - Declared Emergency (§21080(b)(4); §15269(b)(c))
 - General Rule – Not Subject to CEQA

CLERK OF THE BOARD OF SUPERVISORS
 2024 DEC 18 PM 2:17
 SAN BERNARDINO COUNTY
 CALIFORNIA

Reasons why project is exempt from: The proposed project is categorically exempt from the requirements of the California Environmental Quality Act pursuant to Section 15061 (b) (e) (Review of Exemption) of the CEQA Guidelines.

This is to certify that the record of project approval is available to the public at the Community Development Department, Planning Division, 201 North E Street, 3rd Floor, San Bernardino, CA 92401 during regular business hours.

Signature:  **Date:** December 16, 2024 **Title:** Planning Aide, Gabriela Sosa

Signed by Lead Agency Signed-by-Applicant

DATE FILED & POSTED
 Posted On: 12-18-24
 Removed On: 01-23-25
 Receipt No: 36-12182024-968

Date received for filing at OPR:



State of California - Department of Fish and Wildlife
2024 ENVIRONMENTAL DOCUMENT FILING FEE
CASH RECEIPT
 DFW 753.5a (REV. 01/01/24) Previously DFG 753.5a

Print **StartOver** **Save**

RECEIPT NUMBER:
 36 — 12182024 — 968
 STATE CLEARINGHOUSE NUMBER (If applicable)
 N/A

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY City of San Bernardino	LEAD AGENCY EMAIL	DATE 12182024
COUNTY/STATE AGENCY OF FILING San Bernardino	DOCUMENT NUMBER	

PROJECT TITLE
Extension of Time 24-06

PROJECT APPLICANT NAME Handaja Harijamto	PROJECT APPLICANT EMAIL	PHONE NUMBER (909)384-3512
PROJECT APPLICANT ADDRESS 201 N. E Street	CITY San Bernardino	STATE CA
		ZIP CODE 92401

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 | \$ | 0.00 |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND) | \$2,916.75 | \$ | 0.00 |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,377.25 | \$ | 0.00 |
|
 | | | |
| <input checked="" type="checkbox"/> Exempt from fee | | | |
| <input checked="" 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) | | | |
| <hr/> | | | |
| <input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only) | \$850.00 | \$ | 0.00 |
| <input checked="" type="checkbox"/> County documentary handling fee | | \$ | 50.00 |
| <input type="checkbox"/> Other | | \$ | |

PAYMENT METHOD: **#122**

Cash
 Credit
 Check
 Other

TOTAL RECEIVED \$ 50.00

SIGNATURE X 	AGENCY OF FILING PRINTED NAME AND TITLE Alicia Meza, Deputy Clerk
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