

2019026

Print Form

## Notice of Exemption

Appendix E

**FILED**  
**MADERA COUNTY**

To: Office of Planning and Research **MADERA COUNTY** (Public Agency): \_\_\_\_\_  
 P.O. Box 3044, Room 113 Housing Authority of the City of Madera  
 Sacramento, CA 95812-3044 2019 MAY - 8 A 9 25 Street, Madera, CA 93637  
 County Clerk  
 County of: Madera **REBECCA MARTINEZ** (Address)  
 200 West 4th Street **COUNTY CLERK** **2019058150**  
 Madera, CA 93637

Project Title: East Kennedy Street Housing Center 2017 CAP Fund HVAC Project

Project Applicant: Housing Authority of the City of Madera

Project Location - Specific:

1034 East Kennedy Street

Project Location - City: Madera Project Location - County: Madera

Description of Nature, Purpose and Beneficiaries of Project:

Removal and replacement of existing roof-mounted evaporative cooler and interior natural gas wall furnace with new roof-mounted packaged gas-electric heating, ventilation and air conditioning (HVAC) system on 13 units (12 duplex units and 1 single family unit) within an existing 21 unit public housing center.

Name of Public Agency Approving Project: Housing Authority of the City of Madera

Name of Person or Agency Carrying Out Project: Housing Authority of the City of Madera

Exempt Status: (check one):

- ☐ Ministerial (Sec. 21080(b)(1); 15268);
- ☐ Declared Emergency (Sec. 21080(b)(3); 15269(a));
- ☐ Emergency Project (Sec. 21080(b)(4); 15269(b)(c));
- ☒ Categorical Exemption. State type and section number: Sec. 15301 Existing Facilities; Class 1
- ☐ Statutory Exemptions. State code number: \_\_\_\_\_

Reasons why project is exempt:

The project is an alteration of existing mechanical equipment - removal and replacement of existing evaporative coolers and wall heaters with new HVAC systems which does not involve, or result in, the expansion of an existing public housing center consistent with the intent of Section 15301 Existing Facilities Class 1 criteria.

Lead Agency  
 Contact Person: Linda Shaw Area Code/Telephone/Extension: 559.674.5695

If filed by applicant:

1. Attach certified document of exemption finding.
2. Has a Notice of Exemption been filed by the public agency approving the project? ☒ Yes ☐ No

Signature: Linda M. Shaw Date: 4-25-19 Title: Executive Director

☒ Signed by Lead Agency ☐ Signed by Applicant

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

Date Received for filing at OPR: \_\_\_\_\_  
 County's Office of Planning & Research

STATE CLEARINGHOUSE



State of California - Department of Fish and Wildlife  
**2019 ENVIRONMENTAL FILING FEE CASH RECEIPT**  
DFW 753.5a (REV. 12/01/18) Previously DFG 753.5a

2019058150

RECEIPT NUMBER:  
20-05082019-026

STATE CLEARINGHOUSE NUMBER (if applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY HOUSING AUTHORITY OF THE CITY OF MADERA	LEAD AGENCY EMAIL	DATE 05/08/2019
COUNTY/STATE AGENCY OF FILING MADERA	DOCUMENT NUMBER 2019026	

PROJECT TITLE

EAST KENNEDY STREET HOUSING CENTER 2017 CAP FUND PROJECT

PROJECT APPLICANT NAME 205 NORTH G STREET	PROJECT APPLICANT EMAIL	PHONE NUMBER (559) 674-5695	
PROJECT APPLICANT ADDRESS HOUSING AUTHORITY OF THE CITY OF MADERA	CITY MADERA	STATE CA	ZIP CODE 93637

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)	\$3,271.00	\$	
<input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)	\$2,354.75	\$	
<input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW	\$1,112.00	\$	

☒ Exempt from fee

☒ Notice of Exemption (attach)

☐ CDFW No Effect Determination (attach)

☐ 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:

☐ Cash    ☐ Credit    ☒ Check    ☐ Other

TOTAL RECEIVED \$ \$50.00

SIGNATURE

X *Sarah Parksion*

AGENCY OF FILING PRINTED NAME AND TITLE

Sarah Parksion, Deputy County Clerk-Recorder

Governor's Office of Planning & Research

MAY 08 2019

STATE CLEARINGHOUSE