To: 🛛	Office of Planning and Research P.O. Box 3044, Room 113 Sacramento, CA 95812-3044	From:	(Public Agency) <u>Sierra Co. Planning Dept.</u> P.O. Box 530 Downieville, CA 95936			
⊠	County Clerk County of Sierra		ENDOR SED PL BI SIERRA CO UNTY C LERK			
			JUL 2 2 2019 HEATHER POSTER			
Project Title:	Hollitz-TPM Map Amendment	agaskyr enwydyggyll mekennn thi hiddillolog yr mewn diddyl i tyllyg y grugos de bladdi	DEPUT	. 1851.		
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			ct Location –			
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lame of Persor Agency Co Exempt Statu □ Mi □ De □ Er □ St	hat restricted the uses of the proceeding of a signal family home. Agency Approving Son, Address and Phone Number arrying Out Project: Is: (check one) Inisterial (Sec. 21080(b)(1); 15268); eclared Emergency (Sec. 21080(b)(3); nergency Project (Sec. 21080(b)(4); 1 ategorical Exemption. State type and sections of the project of the project (Sec. 21080(b)(4); 1 ategorical Exemption.	County of Sierra Rhynie & Bonn P.O. Box 209 Sierraville, CA 9 916-660-2524	rai uses only. This ame	ndment will allow		



		P	rint	StartOver	Finalize&	Email	
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SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY,				•			
LEAD AGENCY	LEADAGENCY EMAIL		 	DATE	<u></u>	***************************************	
COUNTY OF SIERRA DEPARTMENT OF PLANNING			•	7/22/201	9		
COUNTY/STATE AGENCY OF FILING Sierra	<u> </u>		(((())	DOCUMENT	NUMBER	······	
PROJECT TITLE		nerdennasiona na serietici in constante	······································		***************************************		
HOLLITZ - TPM MAP AMENDMENT							
PROJECT APPLICANT NAME	PROJECT APPLICANT I	EMAIL	***************************************	PHONE NUM	BER	***********************************	
RHYNIE & BONNIE HOLLITZ				(916) 660	-2524		
PROJECT APPLICANT ADDRESS	CITY	STA	VIE.	ZIP CODE		***********************	
PO BOX 209	SIERRAVILLE	C	4	96126			
PROJECT APPLICANT (Check appropriate box)			······			econoccos y y	
Local Public Agency School District	Other Special District		State A	gency	Private Ent	ity	
CHECK APPLICABLE FEES;		• • •					
☐ Environmental Impact Report (EIR)		\$3,271.0	n \$			0.00	
☐ Mitigated/Negative Declaration (MND)(ND)		\$2,354.7				0.00	
☐ Certified Regulatory Program (CRP) document - payment due of	directly to CDFW	\$1,112.0				0.00	
		* 1, 1 1	- ,	***************************************	***************************************		
Exempt from fee		•					
Notice of Exemption (attach)							
☐ CDFW No Effect Determination (attach)							
Fee previously paid (attach previously issued cash receipt copy)						
						0.00	
☐ Water Right Application or Petition Fee (State Water Resources	Control Board only)	\$850.0				0.00	
 ☑ County documentary handling fee ☐ Other 			\$			0.00	
PAYMENT METHOD:			Φ.		######################################		
☐ Cash ☐ Credit ☐ Check ☑ Other	TOTAL	RECEIVE	D \$,		5	0.00	
SIGNATURE AGEN	CY OF FILING PRINTED I	NAME AND	TITLE				
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