## **Notice of Exemption**

Appendix E

**To:** Office of Planning and Research P.O. Box 3044, Room 113 Sacramento, CA 95812-3044

From: City of Santa Rosa 69 Stony Circle Santa Rosa, CA 95401

County Clerk County of Sonoma 585 Fiscal Drive, Room 103 Santa Rosa, CA 95403 This notice was posted on 07/17/2019 and will remain posted for a period of thirty days through 08/17/2019

Doc No.49-07172019-283

**Project Title: Building Demolition** 

Project Applicant: City of Santa Rosa, Transportation and Public Works Department

Project Location - Specific: 1370 Burbank Ave, Santa Rosa, CA

Name of Public Agency Approving Project:	CITY OF SANTA ROSA
Name of Person or Agency Carrying Out Project: 0	Grant Bailey, (707) 543-4508
Exempt Status: (check one):	
☐ Ministerial (Sec. 21080(b) (1); 15268);	Deva Marie Proto, County Clerk
☐ Declared Emergency (Sec. 21080(b) (3); 15269 (a)	)); BY: 18th
☐ Emergency Project (Sec. 21080(b) (4); 15269 (b)(d	Betsy Penn, Deputy Clerk
☐ Categorical Exemption. State type and section nu	mber: 15301 (L)
☐ Statutory Exemptions. State code number:	
Reasons why project is exempt: Demolition and react Lead Agency Contact Person: Susie Murray, (707) 5	
If filed by applicant:  1. Attach certified document of exemption find	ing
<ol> <li>Attach certified document of exemption find</li> <li>Has a Notice of Exemption been filed by the</li> </ol>	
☐ Yes ☐ No	public agency approving the project:
Signature: Munay Date: July 13, 2	2019 Title: Environmental Coordinator
□ Signed by Lead Agency □ Signed by A	Applicant

Governor's Office of Planning & Research

		RECEIPT NUI 49-071720			
		STATE CLEAF	RINGHOUSE NU	MBER (If applicable)	
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.  LEAD AGENCY  CITY OF SANTA ROSA	LEAD AGENCY EMAIL		DATE 07/17/201	9	
COUNTY/STATE AGENCY OF FILING SONOMA			DOCUMENT 19-0717-1		
PROJECT TITLE BUILDING DEMOLITION					
PROJECT APPLICANT NAME CITY OF SANTA ROSA	PROJECT APPLICANT EMAIL		PHONE NUMBER (707) 543-4348		
PROJECT APPLICANT ADDRESS 1370 BURBANK AVE69 STONY CIR	SANTA ROSA	STATE	ZIP CODE 95401		
PROJECT APPLICANT (Check appropriate box)  X Local Public Agency School District	Other Special District	State	Agency	Private Entity	
CHECK APPLICABLE FEES:  Environmental Impact Report (EIR)  Mitigated/Negative Declaration (MND)(ND)  Certified Regulatory Program (CRP) document - payment due of Exempt from fee  Notice of Exemption (attach)  CDFW No Effect Determination (attach)  Fee previously paid (attach previously issued cash receipt copy	directly to CDFW		\$		
<ul> <li>□ Water Right Application or Petition Fee (State Water Resources</li> <li>□ County documentary handling fee</li> <li>□ Other</li> </ul> PAYMENT METHOD:		\$850.00 \$ \$ \$		\$50.00	
Dela	TOTAL R ICY OF FILING PRINTED No y Penn, Deputy Count			<b>400.00</b>	