NOTICE OF EXEMPTION

					F **	To program program To program pro	1	
TO:	Santa	Barbara County Cl	erk of the Board of	Supervisors				
FROM:	Public	Health Departmen	t		L UL'i	řta -b	A 0/56	
environment	al review	equirements of th	project the follow ne California Enviro ementation of CEQ	ing activity is deter nmental Quality Act A.	rmined to b	e_exempt 1970, as c	from further defined insthe	
APN(s) N /	A Case N	lo: N/A						
Loca	ation:	COUNTY OF SAN	ITA BARBARA					
Proje	ect Title:	ORDINANCE AMI	ENDING CHAPTER	7, ANIMALS AND FC)WL, SANTA	BARBARA	COUNTY COD	Ε
Project Desc	ription:		e to Amend Santa add Article IX Roos	ı Barbara County C ters.	Code Chapte	er 7 Anima	als and Fowl,	
Name of Pub Name of Pers	olic Agency son or Age	Approving Project ncy Carrying Out I	: <u>Board of Superv</u> Project: <u>Santa Bar</u>	isors, County of San bara County Public H	<u>ta Barbara</u> Iealth Depar	rtment		
Exempt Statu	us: (Check	One)						
	Ministerial	Statutory	Categorical Exemp	tion Emergency	Project			
Ø	No Possibil	ity of Significant E	ffect 🛭 Not a Pr	oject				
Cite specific	CEQA Guio	leline Section:						
CEQA GL	uidelines se	ection 15378(b)(5)	i					
Reasons to s	support exe	emption findings (a	attach additional m	aterial, if necessary)) :			
not cons organizat	stitute a p	roject under CEQ dministrative activ	A guidelines, purs	Barbara County Cod uant to Section 153 nment that will not	378(b)(5), b	ecause the	e actions are	
Lead Agency	Contact P	erson: Mouhanad Director / F	Hammami Public Health Depa	-tment		Date		
		(805) 681-						
NOTE: A cop limitation on			unty Clerk of the B	oard after project ap	oproval to be	egin a 35-c	day statute of	
				Date Filed with	ı the County	/ Clerk		

2024 CEQA Transmittal Memorandum



County of Santa Barbara - Clerk of the Board of Supervisors

105 E. Anapamu St. Room 407 • Santa Barbara • CA • 93101 (805) 568-2240

Complete this form when filing a No Environmental Impact Report) or No		tive Declaration, Mitigated Nega	ative Decl	aration,	
A scanned copy of the Department of date/time of posting will be emailed extra copy along with a pre-addresse	to the Lead Agency and Proj	Transmittal Memorandum and tl ject Applicant. If you would like	he CEQA a return c	filing including the copy, please submit an	
Contact Person	Phone				
Lars Seifert	805-896-4449 Lead Agency Email Lseifert@sbcphd.org				
Lead Agency					
Santa Barbara Coi					
Project Title					
ORDINANCE AMENDING C	HAPTER 7, ANIMALS	S AND FOWL, SANTA BA	ARBAR	A COUNTY CODE	
Project Applicant	Email	A CONTRACTOR OF THE CONTRACTOR	Phone		
Project Applicant Address	City		State	Zip	
317.000	DOCUMENT BEIN	G FILED:			
☐ Notice of Determination - Envi	ronmental Impact Report (E)	(R)			
_					
•					
Environmental Filing Fees will be					
☐ This project has been appr					
☐ Notice of Determination - Nega	ative Declaration (ND) or M	itigated Negative Declaration (M	ND)	***************************************	
_					
Environmental Filing Fees will be					
☐ This project has been appr					
■ Notice of Exemption				\$0.00	
■ County Administrative Handlin	g Fee (required for all filing	gs, effective 7/19/18)	4 * * * * * * * * * * * * * * * * * * *	\$50.00	
	2012 - 1012 - 1012 - 1012 - 1012 - 1012 - 1012 - 1012 - 1012 - 1012 - 1012 - 1012 - 1012 - 1012 - 1012 - 1012		тота	AL: \$ 50.00	
PAYMENT METHOL	D: ALL APPLICABLE FE	ES MUST BE PAID AT THE T	TIME OF	FILING	
		■ Journal Entry #	JF - 02	260917	
☐ Cash ☐ Credit In person only	☐ Check #	■ Journal Entry # In FIN send to	'COB CE	QA' in CEO Dept	

DFW 753.5a (REV. 01/01/24) Previously DFG 753.5a		Print	Save		
	ſ	RECEIPT NUM	BER:		
		42 02/0	6/2024 — 034		
		STATE CLEAR	NGHOUSE NUMBER (If applicable)		
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.					
	LEADAGENCY EMAIL		DATE		
County of Santa Barbara Public Health Department	Lseifert@sbcphd.or	hd.org 02/06/2024			
COUNTY/STATE AGENCY OF FILING			DOCUMENT NUMBER		
Santa Barbara					
PROJECT TITLE					
Ordinance Amending Chapter 7, Animals and F	owl, Santa Barbara		PHONE NUMBER		
Public Health Department	Lseifert@sbcphd.c	()			
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE		
PROJECT APPLICANT (Check appropriate box)					
✓ Local Public Agency School District	Other Special District	State A	gency Private Entity		
CHECK APPLICABLE FEES:			0.00		
Environmental Impact Report (EIR)		-			
Mitigated/Negative Declaration (MND)(ND)	·	•	0.00		
☐ Certified Regulatory Program (CRP) document - payment due d	irectly to CDFVV \$1	1,377.25 \$	0.00		
 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)	\$850.00 \$	50.00		
County documentary handling fee		\$			
☐ Other		\$			
PAYMENT METHOD:	TOTAL DE	ornaro e	50.00		
☐ Cash ☐ Credit ☐ Check ☑ Other	TOTAL RE	CCIACD A			
SIGNATURE AGENC	CY OF FILING PRINTED NAM	ME AND TITLE			
X attulin Juglas Kath	erine Douglas, Dep	uty Clerk			

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