

# **ATTACHMENT 3**

## **CEQA Notice of Exemption**

Date  
Case Number

# NOTICE OF EXEMPTION

Dept/Div/Year/Project#/NOE#

**TO: Santa Barbara County Board of Supervisors**  
**FROM LEAD AGENCY: GENERAL SERVICES DEPARTMENT**

Clerk of the Board-Filing Date

Staff Contact: \_\_\_\_\_ Division: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PROJECT INFORMATION:**

Does this project involve a state/federal agency? Yes No

Project Name: \_\_\_\_\_ District: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Area: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
APN: \_\_\_\_\_ Project #: \_\_\_\_\_ NOE #: \_\_\_\_\_ Funding/POPPA: \_\_\_\_\_

Project Description: (Section §15124 of the CEQA Guidelines defines the types of information that should be included in a project description)

**DETERMINATION:** (select category)

Scope of Exemption: \_\_\_\_\_

- Not a Project (§15378)
- Ministerial Exemption (§15268)
- Statutory Exemption (§15260)
- Categorical Exemption (§15354 [15302-33])
  - CatEx - Existing Facilities (§15300)
  - Emergency Project Exemption (§15359)

PRIMARY reason for the Determination: \_\_\_\_\_

**FINDING TO SUPPORT DETERMINATION:** (attach additional material, only if necessary)

Department/Division  
Representative

Diane Dodson Galt  
(print name: \_\_\_\_\_) Date

**DISTRIBUTION:**

**NOTE:** A copy must be posted at least 6 days prior to consideration of the activity by the decision-makers to comply with County CEQA guidelines and a copy must be filed with the County Clerk of the Board after project approval to begin a 35 day statute of limitations on legal challenges.



# 2021 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 Negative Declaration, Mitigated Negative Declaration, Environmental Impact Report or Notice of Exemption.

You will need to submit one original for posting plus one copy for the Department of Fish & Wildlife. A scanned copy including the date/time of posting will be emailed to the Lead Agency and Project Applicant. If you would like a return copy, please submit an extra copy along with a pre-addressed, stamped envelope.

Contact Person		Phone	
Lead Agency		Lead Agency Email	
Project Title			
Project Applicant	Email	Phone	
Project Applicant Address	City	State	Zip

### DOCUMENT BEING FILED:

- Environmental Impact Report (EIR) .....
- 2021 Filing Fee .....\$3,445.25
- Previously Paid (**must attach receipt**) ..... \$0.00
- No Effect Determination (**must be attached**)..... \$0.00

- Negative Declaration or Mitigated Negative Declaration .....
- 2021 Filing Fee .....\$2,480.25
- Previously Paid (**must attach receipt**) ..... \$0.00
- No Effect Determination (**must be attached**)..... \$0.00

- Notice of Exemption ..... \$0.00

- County Administrative Handling Fee (**required for all filings, effective 7/19/18**) ..... \$50.00

TOTAL: \_\_\_\_\_

### PAYMENT METHOD: ALL APPLICABLE FEES MUST BE PAID AT THE TIME OF FILING

- Cash     Credit Card     Check # \_\_\_\_\_     Journal Entry # XXXXXXXXXX

JE-0233294



State of California - Department of Fish and Wildlife  
**2021 ENVIRONMENTAL FILING FEE CASH RECEIPT**  
 DFW 753.5a (REV. 01/01/21) Previously DFG 753.5a

RECEIPT NUMBER: — —
STATE CLEARINGHOUSE NUMBER (If applicable)

**SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.**

LEAD AGENCY	LEAD AGENCY EMAIL	DATE
COUNTY/STATE AGENCY OF FILING		DOCUMENT NUMBER
PROJECT TITLE		

PROJECT APPLICANT NAME	PROJECT APPLICANT EMAIL	PHONE NUMBER
PROJECT APPLICANT ADDRESS	CITY	STATE
		ZIP CODE

**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)	\$3,445.25	\$ _____
<input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)	\$2,480.25	\$ _____
<input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW	\$1,171.25	\$ _____
<input type="checkbox"/> Exempt from fee		
<input 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	\$ _____
<input type="checkbox"/> County documentary handling fee		\$ _____
<input type="checkbox"/> Other		\$ _____

**PAYMENT METHOD:**

Cash   
  Credit   
  Check   
  Other   
 **TOTAL RECEIVED**   
 \$ \_\_\_\_\_

SIGNATURE  <b>X</b>	AGENCY OF FILING PRINTED NAME AND TITLE
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