

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* _____) 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-0251380



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	\$ _____

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 type="checkbox"/> County documentary handling fee		\$ _____
<input type="checkbox"/> Other		\$ _____

PAYMENT METHOD:

Cash
 Credit
 Check
 Other
 TOTAL RECEIVED
 \$ _____

SIGNATURE X	AGENCY OF FILING PRINTED NAME AND TITLE
---------------------------	---