

## EXHIBIT 2

### ENVIRONMENTAL DOCUMENT: NOTICE OF EXEMPTION

**TO:** Santa Barbara County Clerk of the Board of Supervisors

**FROM:** J. Ritterbeck, Planning & Development

The project or activity identified below is determined to be exempt from further environmental review requirements of the California Environmental Quality Act (CEQA) of 1970, as defined in the State and County Guidelines for the implementation of CEQA.

**APN:** 009-352-019

**Case Nos.:** 14CDH-00000-00014 (Denial)

**Location:** 1154 Channel Drive, Montecito, CA 93108

**Project Title:** Olsten Trust Single-family Dwelling Demo-Rebuild, New Detached Garage, Pool Cabaña & Pool

**Project Description:** The proposed project is for a Coastal Development Permit to allow the demolition of an existing 3,802 square foot single-family dwelling and 520 square foot attached garage and the construction of a new 3,187 square foot single-family dwelling with a 881 square foot basement, a new 680 square foot detached garage, a new detached pool cabaña of approximately 570 square feet and a new pool. The property is a 0.44-acre parcel zoned 1-E-1 and shown as Assessor's Parcel Number 009-352-019, located at 1154 Channel Drive in the Montecito Community Plan area, First Supervisorial District.

Name of Public Agency DENYING the Project: County of Santa Barbara

Name of Person / Agency Proposing Project: Olsten Montecito Trust, Property Owner

**Exempt Status:**

- Ministerial
- Statutory Exemption
- Categorical Exemption(s)
- Emergency Project
- Declared Emergency

**Cite specific CEQA and/or CEQA Guideline Sections:**

The denial of the project can be found exempt from environmental review based upon Section 15270 [Projects Which Are Disapproved] of the California Environmental Quality Act (CEQA) Guidelines.

**Reasons to support exemption findings:**

CEQA does not apply to a project which a public agency rejects or disapproves.

**Lead Agency Contact Person:** J. Ritterbeck, Planner

Phone #: (805) 568-3509

\_\_\_\_\_/\_\_\_\_\_/2016  
Signature: Department/Division Representative Date

Acceptance Date: \_\_\_\_\_

Distribution: Hearing Support Staff  
Date Filed by County Clerk: \_\_\_\_\_.