

Attachment 2

ATTACHMENT 2

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:

Department/Division
Representative

(print name: _____)

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 Diane Dodson Galt		Phone 805-896-2212	
Lead Agency General Services Department (County of Santa Barbara)		Lead Agency Email countyarchitect@countyofsb.org	
Project Title South County, Main Jail, Concept & Programing			
Project Applicant Diane Dodson Galt	Email dgalt@countyofsb.org	Phone 805-896-2212	
Project Applicant Address 1105 Santa Barbra Street, East Wing, 2nd Fl.	City Santa Barbara	State CA	Zip 93101

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: **\$ 50.00**

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

Cash Credit Card Check # _____ Journal Entry # _____

JE-0230382



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: 42 — 07/20/2021 — 00
STATE CLEARINGHOUSE NUMBER (If applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY General Services Department	LEAD AGENCY EMAIL countyarchitect@countyofsb.org	DATE
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COUNTY/STATE AGENCY OF FILING County of Santa Barbara	DOCUMENT NUMBER GS/CEF/2021/20041/002
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PROJECT TITLE
South County, Main Jail, Concept & Programing

PROJECT APPLICANT NAME Diane Dodson Galt	PROJECT APPLICANT EMAIL dgalt@countyofsb.org	PHONE NUMBER 805-896-2212
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PROJECT APPLICANT ADDRESS 1105 Santa Barbra Street, East Wing, 2nd Fl.	CITY Santa Barbara	STATE CA	ZIP CODE 93101
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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
 \$ No Fee Required

SIGNATURE X	AGENCY OF FILING PRINTED NAME AND TITLE
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