

SAN BENITO COUNTY CLERK - RECORDER
RECEIVED: 4-21-17
REMOVE: 5-22-17 SCAN: 4-25-17

Print Form

Notice of Exemption

Appendix E #17-008

To: Office of Planning and Research
P.O. Box 3044, Room 113
Sacramento, CA 95812-3044

County Clerk
County of: San Benito
440 Fifth Street, 2nd Floor, Rm 206
Hollister, CA 95023

From: (Public Agency): Monterey Bay Air Resources Dist
24580 Silver Cloud Ct.
Monterey, CA 93940

(Address)

FILED
IN SAN BENITO COUNTY

APR 21 2017

JOE PAUL GONZALEZ, COUNTY CLERK
BY: SNEYLA GONZALEZ, DEPUTY CLERK

Project Title: 2012-2015 Air Quality Management Plan

Project Applicant: Monterey Bay Air Resources District

Project Location - Specific:
Monterey, San Benito, Santa Cruz Counties

Project Location - City: _____ Project Location - County: San Benito

Description of Nature, Purpose and Beneficiaries of Project:
The Air Quality Management Plan is a subsequent update of prior plans that are required by the CA Clean Air Act every three years. The plan shows the region continuing to make progress toward meeting the State ozone standard. It evaluates air quality trends analysis, emissions inventory, and emissions reduction strategies.

Name of Public Agency Approving Project: Monterey Bay Air Resources District

Name of Person or Agency Carrying Out Project: Monterey Bay Air Resources District

- Exempt Status: (check one):
- Ministerial (Sec. 21080(b)(1); 15268);
 - Declared Emergency (Sec. 21080(b)(3); 15269(a));
 - Emergency Project (Sec. 21080(b)(4); 15269(b)(c));
 - Categorical Exemption. State type and section number: §15308 Actions by Regulatory Agencies
 - Statutory Exemptions. State code number: _____

Reasons why project is exempt:
The 2012-2015 Air Quality Management Plan makes no substantive changes that would cause a significant adverse effect on the environment.

Lead Agency
Contact Person: David Frisbey Area Code/Telephone/Extension: (831) 647-9411

- If filed by applicant:
1. Attach certified document of exemption finding.
 2. Has a Notice of Exemption been filed by the public agency approving the project? Yes No

Signature: [Signature] Date: April 19, 2017 Title: Planning & Air Monitoring Manager

Signed by Lead Agency Signed by Applicant

Authority cited: Sections 21083 and 21110, Public Resources Code. Date Received for filing at OPR: _____
Reference: Sections 21108, 21152, and 21152.1, Public Resources Code.



State of California - Department of Fish and Wildlife
2016 ENVIRONMENTAL FILING FEE CASH RECEIPT
 DFW 753.5a (Rev. 12/15/15) Previously DFG 753.5a

RECEIPT NUMBER: 35-20170425-008
STATE CLEARING HOUSE # (If applicable)

LEAD AGENCY MOnterey Bay Air Resources Dist	LEAD AGENCY EMAIL	DATE 4/25/2017
COUNTY/STATE AGENCY OF FILING San Benito		DOCUMENT NUMBER 17-008
PROJECT TITLE 2012-2015 Air Quality Management Plan		
PROJECT APPLICANT NAME David Frisbey	PROJECT APPLICANT EMAIL	PHONE NUMBER (831) 647-9411
PROJECT APPLICANT ADDRESS 24580 Silver Cloud Ct	CITY MONTEREY	STATE CA
		ZIP CODE 93940

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) | \$3,078.25 | \$ | \$0.00 |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND) | \$2,216.25 | \$ | \$0.00 |
| <input type="checkbox"/> Certified Regulatory Program document (CRP) | | \$ | \$0.00 |
| <input checked="" type="checkbox"/> Exempt from fee | | | |
| <input checked="" 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 | | \$ | \$0.00 |
| <input checked="" type="checkbox"/> County documentary handling fee | \$50.00 | \$ | \$50.00 |
| <input type="checkbox"/> Other _____ | | \$ | \$0.00 |

PAYMENT METHOD:

- Cash
 Credit
 Check
 Other
 Ck 000059229
 Total Received
 \$ _____
 \$50.00

SIGNATURE 	PRINTED NAME AND TITLE Sheyla Gonzalez-Funes - Deputy County Clerk/Recorder II
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