

Notice of Exemption

SAN BENITO COUNTY CLERK - RECORDER
RECEIVED: 7/18/17
REMOVE: 9-16-17 SCAN: 7-18-17

Appendix E

To: _____ From: (Public Agency): San Benito Co. Resource Mgmt.

2301 Technology Parkway

Hollister, CA 95023-2513

County Clerk
County of: San Benito

440 5th Street Room 206

Hollister, CA 95023-3843

(Address)

FILED
IN SAN BENITO COUNTY

JUL 18 2017
KRISTINA TEDESCO
JOE PAUL GONZALEZ, COUNTY CLERK
BY Kristina Tedesco
DEPUTY CLERK

Project Title: Use Permit 1166-17

Project Applicant: Complete Wireless

Project Location - Specific: North corner of the Fairview Road-Los Viboras Road-Churchill Road intersection, near Hollister (Assessor's Parcel Number 016-11-0-002-0)

Project Location - City: Unincorporated area Project Location - County: San Benito

Description of Nature, Purpose and Beneficiaries of Project:

90-foot false pine tree with 12 panel antennas, 21 remote radio head (RRH) units, 138-square-foot equipment shelter, propane-powered generator, 500-gallon propane tank, two concrete pads, and related equipment on a 1,500-square-foot lease area. Antennas placed in groups of six centered 65' and 75' above grade with RRHs mounted behind upper antennas.

Name of Public Agency Approving Project: San Benito County Resource Management Agency

Name of Person or Agency Carrying Out Project: Complete Wireless

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: 15303(d)
- Statutory Exemptions. State code number: _____

Reasons why project is exempt:

The proposed use would extend a utility service. Hazardous substances are addressed as a condition of project approval and are limited to a 500-gallon propane tank for a generator. The tower would stand one mile from a highway eligible to become a state scenic highway and create minimal aesthetic change to that highway. The nearest similar tower is one mile away. The proposed use would not exceed the limits stated in State CEQA Guidelines §15303 nor qualify for State CEQA Guidelines §15300.2's exceptions to Categorical Exemptions.

Lead Agency

Contact Person: Michael Kelly, Associate Planner Area Code/Telephone/Extension: 831 637-5313

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: Michael Kelly Date: July 17, 2017 Title: Associate Planner

Signed by Lead Agency Signed by Applicant



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: 35-20170718-012
STATE CLEARING HOUSE # (If applicable)

LEAD AGENCY RMA	LEAD AGENCY EMAIL	DATE 7/18/2017
COUNTY/STATE AGENCY OF FILING San Benito	DOCUMENT NUMBER 17-012	
PROJECT TITLE Use Permit 1166-17		
PROJECT APPLICANT NAME Michael Kelly	PROJECT APPLICANT EMAIL	PHONE NUMBER (831) 637-5313
PROJECT APPLICANT ADDRESS 2301 Techology Parkway	CITY HOLLISTER	STATE CA
		ZIP CODE 95023

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 |

- 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 | | \$ | \$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 20002
Total Received \$ _____ \$50.00

SIGNATURE <i>x Kristina Tedesco</i>	PRINTED NAME AND TITLE Kristina Tedesco - Deputy County Clerk/Recorder
--	---