•		Print		Save
		RECEIPT NUM	BER:	
		47-09/10/2025-	045	
		STATE CLEAR	INGHOUSE NU	IMBER (If applicable)
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.				
LEAD AGENCY	LEAD AGENCY EMAIL		DATE	
CITY OF MT SHASTA			09/10/2025	
COUNTY/STATE AGENCY OF FILING		-	DOCUMENT	NUMBER
SISKIYOU COUNTY			2025-47-049	;
PROJECT TITLE				·
CHESTNUT PARKING LOT				
PROJECT APPLICANT NAME PROJECT		EMAIL	PHONE NUM	IBER
CITY OF MT. SHASTA			(530) 926-7	510
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE	•
305 N MT. SHASTA BLVD.	MT. SHASTA	CA	96067	
PROJECT APPLICANT (Check appropriate box)	_			
✓ Local Public Agency     ✓ School District	Other Special District	State A	\gency	Private Entity
OUTOK ADDI IOADI E EEFO.				
CHECK APPLICABLE FEES:  □ Environmental Impact Report (EIR)		\$ 1122.50 c		
☐ Mitigated/Negative Declaration (MND)(ND)				
☐ Certified Regulatory Program (CRP) document - payment due di	irectly to CDEW	\$ 1,401.75 \$		
	icoly to Obi VV	Ψ 1,401.70 ψ		<u> </u>
Exempt from fee				
Notice of Exemption (attach)				
☐ CDFW No Effect Determination (attach)				
☐ Fee previously paid (attach previously issued cash receipt copy)				
☐ Water Right Application or Petition Fee (State Water Resources	Control Board only)	\$ 850.00 <sup>\$</sup>		
☑ County documentary handling fee		\$ 50.00 <sup>\$</sup>		50.00
Other		\$		
PAYMENT METHOD:	70741	DECENTED A		50.00
☐ Cash ☐ Credit   图 Check ☐ Other 54156	IUIAL	RECEIVED \$		30.00
SIGNATURE	CY OF FILING PRINTED I	NAME AND TITLE		
X ENDORSED-W. WINNINGHAN Wendy				
X TIANAIOFF-AA' AAIIAIAIIAOO OO Wendy	/ Winningham Deputy 0	Clerk		

## Notice of Exemption

Appendix E

To: Office of Planning and Research From: (Public Agency): CITY OF MT. SHAST				
P.O. Box 3044, Room 113 Sacramento, CA 95812-3044	305 N. MT. SHASTA BLVD.			
County Clerk	ME SHASTA, CA 9	100107		
County of:	(Address)			
Project Title: CHESTNUT PARK	JNC COT	FILE D Siskiyou County		
and the second of the second o		SEP 10 2025		
Project Applicant: CITY OF MT.  Project Location - Specific:	· · · · · · · · · · · · · · · · · · ·	AURA BYNUM, CLERK ORSED-W WILLINGHAI Deputy Clerk		
Project Location - City: MT. SHASTA		<u>skiyou</u>		
Description of Nature, Purpose and Beneficiaries				
REPLACEMENT, RE-PA	MNG OF EXISTING	PARKING LOT		
AT 415 N. CHESTNUT ST	reet to promoe pul	suc parking.		
DENETICA PICIES ARE M 6 Name of Public Agency Approving Project:	TORS TO MT. SHASTA			
Name of Person or Agency Carrying Out Project	: KIM FOULER /CITY	of Mr. Shasta		
Exempt Status: (check one):  Image: Ministerial (Sec. 21080(b)(1); 15268);  Image: Declared Emergency (Sec. 21080(b)(3);  Image: Emergency Project (Sec. 21080(b)(4); 1  Image: Declared Exemption State type and second Exemptions State code numbers.	5269(b)(c)); section number: <u>15302 — Repl</u>	acement / Reconstruction		
Reasons why project is exempt:	fall von	del New York		
teplacement of exist	ing faality, New pa	I will have		
located an samo site as	. 9 9	· ·		
Substantially the Same Lead Agency Contact Person: KIM Fowler	Purpose and : Capac Area Code/Telephone/Extension	,		
If filed by applicant:  1. Attach certified document of exemption fir  2. Has a Notice of Exemption been filed by t  Signature:	the public agency approving the project?	Yes No UNIVA DIRECTOR		
Signed by Lead Agency Signed	by Applicant			
Authority cited: Sections 21083 and 21110, Public Resource Reference: Sections 21108, 21152, and 21152.1, Public Re		t OPR:		

## CALIFORNIA ENVIRONMENTAL FEE FORM

On Allolaes,	Kim Fauer (Name)	filed an application
for development with the	Name of City)	Before the application
is accepted as complete for	processing, fees in the following amount(s) n	nust be deposited with
the County Clerk.		
	Clerk Processing Fee	\$50.00
. 🗆	Negative Declaration	\$2,968.75*
	EIR	\$4,123.50
	Categorically Exempt	\$0.00
,	Statutorily Exempt	\$0.00
. 🗆	Fee Exemption issued by the DFG	\$0.00
	Other	\$
No project shall be operative Code §21089 (b)	e, vested or final until the required fee is paid	. Public Resources
On 9 10 2025, Ci	ty of Mt. Shasta deposited \$	
with the Siskiyou County Cl	erkENDORSED-W. WINNINGH (Attest)	<u>AN!</u>
Application No(To be completed when appl	Receipt # 4	1-09/10/2025-045/202500442

<sup>\*</sup> If it is determined by Siskiyou County that the fee required for a Negative Declaration does not apply to your project a refund will be granted.

2025 Fee.Form