

## TOWN OF MAMMOTH LAKES P.O. Box 1609, Mammoth Lakes, CA 93546 Phone (760) 965-3630 | Fax (760) 934-7493

http://www.townofmammothlakes.ca.gov/

## **Notice of Exemption**

To: ⊠ State Clearinghouse Office of Planning and Research P.O. Box 3044, 1400 Tenth Street Sacramento, CA 95812-3044		Filed
	P.O. Box 237 Bridgeport, CA	93517 DEC 14 2023
Project Title: Mammoth Sauna Company – Mobile Ve	ndor Permit (Administrativ	e Permit Mono County
Project Location - Specific: Townwide		
Project Location - City: Mammoth Lakes Proje	ct Location – County: M	ono
Description of Nature, Purpose, and Beneficiaries operate as a mobile vendor within the Town of Mamm permit. The proposed project was found to have met a for mobile businesses and the administrative permit was	oth Lakes, which requires all the requirements of the	the approval of an administrative Mammoth Lakes Municipal Code
Name of Public Agency Approving Project: Town of	f Mammoth Lakes	
Name of Person or Agency Carrying Out Project: D	akota Cox	
Exempt Status: (check one)  Ministerial (Sec. 21080(b)(1); 15268): Declared Emergency (Sec. 21080(b)(3); 15269(b) Emergency Project (Sec. 21080(b)(4); 15269(b) Categorical Exemption (State type and Section Statutory Exemptions (State code number):	o)(c)):	tion 15301, Existing Facilities
Reason why project is exempt: The project has been of the California Environmental Quality Act (CEQA) pursof Title 14 of the California Code of Regulations. The can 15301 applies to projects that involve negligible or no exemption because it involves the temporary placem commercial property that will not result in an expansion forth in CEQA Guidelines Section 15300.2, which would applicable	suant to CEQA Guidelines ategorical exemption description description of an existing nent of a mobile sauna transfer of an existing use. Addition of an existing use and the preclude a project from the contract of the contr	Section 15301 (Existing Facilities) ribed in CEQA Guidelines Section use. The project qualifies for this ailer at an existing residential or onally, none of the exceptions set using a categorical exemption, are
Therefore, the project is exempt from CEQA pursuant meets the criteria for use of the Existing Facilities ca exemption is not barred by one of the exceptions set for	tegorical exemption and	
Lead Agency Contact Person: Michael Peterka, Asso	ociate Planner Phone	: (760) 965-3669
1. Attach certified document of exemption finding 2. Has a Notice of Exemption been filed by the po		e project?
Signature: Michael Peterka Date:	December 13, 2023	Title: Associate Planner
<ul><li>☒ Signed by Lead Agency</li><li>☒ Signed by Applicant</li></ul>	received for filing at OPR:	
Po	OSTED	



		Print	StartOv	Save		
		RECEIPT N	RECEIPT NUMBER: 26 — 12/14/2023 —			
				INGHOUSE NUMBER (If applicable)		
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARL	v			, ,, ,		
LEAD AGENCY	LEADAGENCY EMAIL	,I	DATE			
Town of Mammoth Lakes		mpeterka@townofmammothlakes.r		12/14/2023		
COUNTY/STATE AGENCY OF FILING			DOCUME	NT NUMBER		
Mono			TM 23-	022		
PROJECT TITLE						
Mammoth Sauna Company-Mobile Vendor Permit						
PROJECT APPLICANT NAME	PROJECT APPLICANT E	EMAIL	PHONE N			
Town of Mammoth Lakes	mpeterka@townofm	nammothlake	s.r (760)9	(760) 965-3669		
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE	ZIP CODE		
Po Box 1609	Mammoth Lakes	CA	93546			
PROJECT APPLICANT (Check appropriate box)	•			<del></del> !		
Local Public Agency School District	Other Special District	☐ Stat	e Agency	Private Entity		
OUTOK ADDI IOADI E EEEO						
CHECK APPLICABLE FEES:  Environmental Impact Report (EIR)		E2 020 2E	e e	0.00		
in Mitigated/Negative Declaration (MND)(ND)		\$3,839,25 \$2,764.00	\$ \$			
☐ Certified Regulatory Program (CRP) document - payment due directly to CDFW		\$1,305.25	\$	2.22		
octained regulatory riogram (orally document - payment	due directly to OBI VV	φ1,505.25	Ψ	0.00		
✓ Exempt from fee						
Notice of Exemption (attach)						
☐ CDFW No Effect Determination (attach)						
☐ Fee previously paid (attach previously issued cash receipt	t copy)					
				0.00		
☐ Water Right Application or Petition Fee (State Water Reso	ources Control Board only)	\$850.00	\$	0.00		
County documentary handling fee			\$			
✓ Other			\$	50.00		
PAYMENT METHOD:				50.00		
☐ Cash ☑ Credit ☐ Check ☐ Other	TOTAL	RECEIVED	\$	30.00		
SIGNATURE A	AGENCY OF FILING PRINTED I	NAME AND TIT	LE			
X Sparan	Stephanie Frank Deputy (	Clerk Record	er			