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 Land Use and Climate Innovation
P.O. Box 3044, 1400 Tenth Street
Sacramento, CA 95812-3044

☒ County Clerk
County of Mono
P.O. Box 237
Bridgeport, CA 93517

Project Title: Major Design Review (DR) 24-008 – Mammoth Hospital North Wing Replacement Project

Project Location – Specific: 185 Sierra Park Road (APN: 035-010-065-000)

Project Location – City: Mammoth Lakes **Project Location – County**: Mono

Description of Nature, Purpose, and Beneficiaries of Project: Major Design Review (DR) 24-008 for the Mammoth Hospital North Wing Replacement project consists of the construction of a new 60,788 square foot acute care medical services building and associated site improvements for parking, sidewalk, landscape, solid waste disposal, and utility areas. The building is designed as a steel brace & concrete structure, which is reviewed and permitted by the State Department of Health Care Access and Information (HCAI). The Project purpose is to modernize the hospital campus to comply with current State clinical and seismic safety requirements.

Name of Public Agency Approving Project: Town of Mammoth Lakes

Name of Person or Agency Carrying Out Project: Southern Mono Healthcare 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): CEQA Guidelines Section 15302(a) – *Replacement or Reconstruction Projects*
- ☐ Statutory Exemptions (state code number):

Reason why project is exempt: The project is categorically exempt from the California Environmental Quality Act (CEQA) pursuant to CEQA Guidelines 15302(a), *Replacement or Reconstruction,* because this specific categorical exemption is applicable to replacement or reconstruction of existing hospitals to provide earthquake resistant structures which do not increase capacity more than 50 percent.

Under the Class 2 exemption, a project is exempt from CEQA if it involves a "replacement or reconstruction of existing structures and facilities where the new structure will be located on the same site as the structure replaced and will have substantially the same purpose and capacity as the structure replaced ...." (Cal. Code Regs., tit. 14, § 15302.) The Class 2 CEQA Exemption applies if the project (1) replaces or reconstructs an existing facility, (2) is located on the same site as the existing facility, (3) has the substantially same purpose as the existing facility, and (4) has the substantially same capacity as the existing facility. The proposed Project meets all four criteria.

None of the exceptions set forth in CEQA Guidelines Section 15300.2 are present, which would disqualify the project from using a categorical exemption. Therefore, since the project meets all the criteria pursuant to CEQA Guidelines Section 15302(a), no additional environmental review is warranted or necessary and the CEQA exemption is appropriate.

Lead Agency Contact Person: Kim Cooke **Title**: Senior Planner

Email: kcooke@townofmammothlakes.ca.gov **Phone**: (760) 965-3638

Signature: Kimberly Cooke **Date**: 4/16/2025

☒ Signed by Lead Agency
☐ Signed by Applicant

Date Received for Filing at OPR:

POSTED
16 APR 2025
FOR 30 DAYS

Filed in County Clerk's Office
County of Mono County
Queenie Barnard
Clerk-Recorder-Registrar

CQ-2025-0013

04/16/2025 02:15 PM
CEQA
Pages: 1
Fee: $50.00

azamarripa

State of California - Department of Fish and Wildlife

2025 ENVIRONMENTAL DOCUMENT FILING FEE

CASH RECEIPT

DFW 753.5a (REV. 01/01/25) Previously DFG 753.5a

RECEIPT NUMBER:
CQ-2025-0013
STATE CLEARINGHOUSE NUMBER *(If applicable)*

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY	LEAD AGENCY EMAIL	DATE
TOWN OF MAMMOTH LAKES	kcooke@townofmammothlakes.ca.	04/16/2025

COUNTY/STATE AGENCY OF FILING	DOCUMENT NUMBER
MONO	48

PROJECT TITLE

MAJOR DESIGN REVIEW (DR) 24-008- MAMMOTH HOSPITAL NORTH WING REPLACEMENT PROJECT

PROJECT APPLICANT NAME	PROJECT APPLICANT EMAIL	PHONE NUMBER
TOWN OF MAMMOTH LAKES	kcooke@townofmammothlakes.ca.	(760))965-3638

PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE
PO BOX 1609	MAMMOTH LAKES	CA	93546

PROJECT APPLICANT *(Check appropriate box)*

☒ Local Public Agency ☐ School District ☐ Other Special District ☐ State Agency ☐ Private Entity

CHECK APPLICABLE FEES:

☐ Environmental Impact Report (EIR)	$4,123.50	$
☐ Mitigated/Negative Declaration (MND)(ND)	$2,968.75	$
☐ Certified Regulatory Program (CRP) document - payment due directly to CDFW	$1,401.75	$

☒ 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	$
☐ County documentary handling fee		$
☐ Other		$

PAYMENT METHOD:

☐ Cash ☐ Credit ☒ Check ☐ Other **TOTAL RECEIVED** $ $50.00

SIGNATURE	AGENCY OF FILING PRINTED NAME AND TITLE
X A2	Anahy Zamarripa, Deputy County Clerk-Recorder

ORIGINAL - PROJECT APPLICANT COPY - CDFW/ASB COPY - LEAD AGENCY COPY - COUNTY CLERK DFW 753.5a (Rev. 01012025)