

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

Notice of Exemption		
To: ⊠ State Clearinghouse Office of Planning and Research P.O. Box 3044, 1400 Tenth Street Sacramento, CA 95812-3044		93517 SEP 0 1 2022
Project Title: The Rolling Chef 395 – Mobile Ve	endor Permit (Administrative Perm	nit 22-001) MONO COUNTY
Project Location - Specific: 3043 Main Street	(APN: 035-120-016-000)	MONO COUNTY CLERK
Project Location – City: Mammoth Lakes	Project Location - County: Mo	ono
Description of Nature, Purpose, and Benefic as a mobile vendor within the Town of Mammo The proposed project was found to have met all businesses and the administrative permit was s	oth Lakes, which requires the app the requirements of the Mammoth	roval of an administrative permit.
Name of Public Agency Approving Project: ٦	Town of Mammoth Lakes	
Name of Person or Agency Carrying Out Pro	ject: Claudia Gonzalez	
Exempt Status: (check one) Ministerial (Sec. 21080(b)(1); 15268): Declared Emergency (Sec. 21080(b)(3)) Emergency Project (Sec. 21080(b)(4); 1 Categorical Exemption (State type and Statutory Exemptions (State code numbers)	15269(b)(c)): Section number): Guidelines Sect	ion 15311, Accessory Structures
Reason why project is exempt: The project had of the California Environmental Quality Act (Constructures) of Title 14 of the California Code Guidelines Section 15301 applies to projects that to (appurtenant to) existing commercial, industrate a class of projects that will not have a sign exemption because it involves the placement of none of the exceptions set forth in CEQA Guide categorical exemption, are applicable	CEQA) pursuant to CEQA Guide of Regulations. The categorica at consist of construction or placem rial, or institutional facilities, for w gnificant effect on the environment of a mobile food unit at an existing	elines Section 15311 (Accessory I exemption described in CEQA nent of minor structures accessory hich the State has determined to ent. The project qualifies for this g commercial facility. Additionally
Lead Agency Contact Person: Michael Peterk	ka, Associate Planner Phone:	(760) 965-3669
If filed by applicant: 1. Attach certified document of exemption 2. Has a Notice of Exemption been filed by		project? Yes No
Signature: Michael Peterka	Date: September 1, 2022	Title: Associate Planner
☒ Signed by Lead Agency☒ Signed by Applicant	Date received for filing at OPR:	

Posted 9/1/2022 - 10/1/2022

DI W 733.38 (NEV. 01/01/22) Fleviously DI G 733,38		Print	StartOver	Save	
		DECEIDT NUM	IDED:		
		RECEIPT NUMBER: 26 — 09/01/2022 —			
	STATE CLEARINGHOUSE NUMBER (If applicable)				
		OTATE GEE/TIC	114011000E 1401	DEIX (II applicable)	
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY, LEAD AGENCY	LEADAGENCY EMAIL		DATE		
Town of Mammoth Lakes	mpeterka@townofmammothlakes.ca.gov		The State of Control	09/01/2022	
COUNTY/STATE AGENCY OF FILING			DOCUMENT NUMBER		
Mono			TM 22-01		
PROJECT TITLE			1		
The Rolling Chef 395 - Mobile Vendor Permit (A			272		
PROJECT APPLICANT NAME	PROJECT APPLICANT EN			PHONE NUMBER	
Town of Mammoth Lakes	mpeterka@townofmamn				
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE		
Po Box 1609	Mammoth Lakes	CA	93546		
PROJECT APPLICANT (Check appropriate box)	7.04		·		
✓ Local Public Agency School District	Other Special District	State A	gency [Private Entity	
CHECK APPLICABLE FEES:					
☐ Environmental Impact Report (EIR)	!!	\$3,539,25 \$		0.00	
☐ Mitigated/Negative Declaration (MND)(ND)					
☐ Certified Regulatory Program (CRP) document - payment due directly to CDFW				0.00	
☑ Exempt from fee					
☐ Notice of Exemption (attach)					
CDFW No Effect Determination (attach)					
Fee previously paid (attach previously issued cash receipt copy	')				
□ Water Pight Application or Petition Fee (State Water Resources	Control Board only)	\$950.00 £		0.00	
 □ Water Right Application or Petition Fee (State Water Resources Control Board only) □ County documentary handling fee 		\$000,00 \$			
Other County Processing Fee		φ		50.00	
PAYMENT METHOD:		Ψ			
☐ Cash ☑ Credit ☐ Check ☐ Other	TOTAL R	ECEIVED \$		50.00	
SIGNATURE AGEN	ICY OF FILING PRINTED NA	ME AND TITLE			
	o. o. richto rithtebly				
X Sulfame Mor	no County Deputy C	lerk/Record	der		