

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

	State Clearinghouse Office of Planning and Research P.O. Box 3044, 1400 Tenth Street Sacramento, CA 95812-3044		County Clerk County of Mono P.O. Box 237 Bridgeport, CA 93517	Filed			
Project	Title: Outbound Master Sign Progra	am (MSP 23-001)		APR 12 2024			
Project Intel Outbound Waster Sign Program (MSP 23-001) Project Location - Specific: 164 Old Mammoth Road (APNs: 035-230-005-000) Mono County							
Project	Location - City: Mammoth Lakes	Project Locati	on – County: Mono	Country			
Description of Nature, Purpose, and Beneficiaries of Project: Master Sign Program (MSP) 23-001, proposes Master Sign Program to be implemented for the Outbound Hotel project, in accordance with Chapters 17.48.050 (Master Sign Program) of the Town of Mammoth Lakes Municipal Code, for property located within the Clearwater Specific Plan (CSP) zoning district at 164 Old Mammoth Road; The beneficiaries of the project are the property owners, WH SN Mammoth, LLC.							
Name of	f Public Agency Approving Projec	ct: Town of Mammo	th Lakes				
Name of Person or Agency Carrying Out Project: WH SN Mammoth, LLC							
	Status: (check one) Ministerial (Sec. 21080(b)(1); 15268; Declared Emergency (Sec. 21080(b)(4); Emergency Project (Sec. 21080(b)(4); Categorical Exemption (State types) Construction or Conversion of Sma Statutory Exemptions (State code in)(3); 15269(a)): I); 15269(b)(c)): e and Section numl Il Structures	per): Class 1; Guideline	es Section 15301(g), New			
Reason why project is exempt: Staff has determined that the Project is categorically exempt from the California Environmental Quality Act (CEQA) pursuant to CEQA Guidelines §15301(g), Existing Facilities. The Project qualifies for this exemption because the project complies with subsection (g), which exempts the installation and alteration of on- and off-premise signs.							
from usi	the exceptions set forth in CEQA Gung a categorical exemption. Therefo 15301(g), no additional environme fate.	re, since the project	meets all the criteria pur	rsuant to CEQA Guidelines			
Lead Ag	gency Contact Person: Gina Monte	ecallo, Assistant Pla	nner Phone : (760)	965-3641			
1. 7	by applicant: Attach certified document of exemption been file Attach certified document of exemption been file Alankealls re:		ency approving the proj	ect? ⊠ Yes □ No			
Date: Ar	oril 11, 20224	Title: Assistar	t Planner				
Date. A		Tille. Assistat	t i idillici				
[[☒ Signed by Lead Agency☐ Signed by Applicant	Date received	for filing at OPR:				
		POSTE					

12 APR 2024

FOR 30 DAYS

DFW 753.5a (REV. 01/01/24) Previously DFG 753.5a		Print	StartOver Save	,
		RECEIPT NUM	BER:	
		26 — 04/12		
			NGHOUSE NUMBER (If app	olicable)
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.				
	LEADAGENCY EMAIL		DATE	
Town of Mammoth Lakes	gmonecallo@townofmammothlakes.ca.gov		04/12/2024	
COUNTY/STATE AGENCY OF FILING			DOCUMENT NUMBER	
Mono			TM 24-008	
PROJECT TITLE				
Master Sign Program (MSP) 23-001				
PROJECT APPLICANT NAME	PROJECT APPLICANT EI	MAIL	PHONE NUMBER	
Town of Mammoth Lakes	gmonecallo@townofmam	mothlakes.ca.gov	(760) 965-3641	
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE	
Po Box 1609	Mammoth Lakes	CA	93546	
PROJECT APPLICANT (Check appropriate box)	.,1		J	
✓ Local Public Agency School District	Other Special District	State A	gency Private I	Entity
7				
CHECK APPLICABLE FEES:				0.00
☐ Environmental Impact Report (EIR)				0.00
☐ Mitigated/Negative Declaration (MND)(ND)				0.00
☐ Certified Regulatory Program (CRP) document - payment due d	irectly to CDFW	\$1,377.25 \$		0.00
✓ 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 \$		0.00
County documentary handling fee	\$		50.00	
☐ Other		\$	1	
PAYMENT METHOD:				FO 00
☐ Cash ☑ Credit ☐ Check ☐ Other	TOTAL R	ECEIVED \$		50.00
SIGNATURE AGEN	CY OF FILING PRINTED N	AME AND TITLE		
X Step	hanie Frank Depu	ty Clerk Red	order	