

Notice of Exemption

21-2025-069

Appendix E

To: Office of Planning and Research
P.O. Box 3044, Room 113
Sacramento, CA 95812-3044
County Clerk
County of: Marin
3501 Civic Center Drive, Room 234
San Rafael, CA 94903

From: (Public Agency): Town of Corte Madera
300 Tamalpais Drive
Corte Madera, CA 94925
(Address)

FILED

MAY 15 2025

SHELLY SCOTT
MARIN COUNTY CLERK
BY: O. Lopez, Deputy

Project Title: Paradise Pump Station Rehabilitation Project (Project No. 23-202)

Project Applicant: Town of Corte Madera Public Works/ Sanitary District No.2

Project Location - Specific:

Paradise Pump Station- 5726 Paradise Drive, Corte Madera, CA

Project Location - City: Corte Madera Project Location - County: Marin

Description of Nature, Purpose and Beneficiaries of Project:

Name of Public Agency Approving Project: Sanitary District No. 2

Name of Person or Agency Carrying Out Project: Fernanda Stefanick, Project Manger

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: Existing Facilities - Section 15301
Statutory Exemptions. State code number:

Reasons why project is exempt:

(d) Restoration or rehabilitation of deteriorated or damaged structures, facilities, or mechanical equipment to meet current standards of public health and safety, unless it is determined that the damage was substantial and resulted from an environmental hazard such as earthquake, landslide, or flood.

Lead Agency
Contact Person: Fernanda Stefanick Area Code/Telephone/Extension: 415-927-5794

If filed by applicant:

- 1. Attach certified document of exemption finding.
2. Has a Notice of Exemption been filed by the public agency approving the project? Yes No

Signature: [Signature] Date: 5/15/25 Title: Community Development Director
Signed by Lead Agency Signed by Applicant

Authority cited: Sections 21083 and 21110, Public Resources Code.
Reference: Sections 21108, 21152, and 21152.1, Public Resources Code.

Date Received for filing at OPR:

POSTED 5/15/25 TO 6/14/25



LOCATION MAP
NOT TO SCALE

SANITARY DISTRICT NO.2
Marin County, California

Paradise Pump Station Rehabilitation Project

PROJECT No.2 #23-202



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:
 21 — 05/15/2025 — 069
 STATE CLEARINGHOUSE NUMBER (If applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY TOWN OF CORTE MADERA	LEAD AGENCY EMAIL	DATE 05/15/2025
COUNTY/STATE AGENCY OF FILING Marin	DOCUMENT NUMBER	

PROJECT TITLE

PARADISE PUMP STATION REHABILITATION PROJECT (PROJECT NO. 23-202)

PROJECT APPLICANT NAME TOWN OF CORTE MADERA	PROJECT APPLICANT EMAIL	PHONE NUMBER (415)927-5794
PROJECT APPLICANT ADDRESS 300 TAMALPAIS DRIVE	CITY STATE CORTE MADERA CA	ZIP CODE 94925

PROJECT APPLICANT (Check appropriate box)

- Local Public Agency
 School District
 Other Special District
 State Agency
 Private Entity

CHECK APPLICABLE FEES:

- | | | | |
|---|------------|----------|-------|
| <input type="checkbox"/> Environmental Impact Report (EIR) | \$4,123.50 | \$ _____ | 0.00 |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND) | \$2,968.75 | \$ _____ | 0.00 |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,401.75 | \$ _____ | 0.00 |
|
 | | | |
| <input checked="" type="checkbox"/> Exempt from fee | | | |
| <input checked="" type="checkbox"/> Notice of Exemption (attach) | | | |
| <input type="checkbox"/> CDFW No Effect Determination (attach) | | | |
| <input type="checkbox"/> Fee previously paid (attach previously issued cash receipt copy) | | | |
| <hr/> | | | |
| <input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only) | \$850.00 | \$ _____ | 0.00 |
| <input checked="" type="checkbox"/> County documentary handling fee | | \$ _____ | 50.00 |
| <input type="checkbox"/> Other | | \$ _____ | |

PAYMENT METHOD:

- Cash
 Credit
 Check
 Other
 TOTAL RECEIVED
 \$ _____
 50.00

SIGNATURE X	AGENCY OF FILING PRINTED NAME AND TITLE MARIN COUNTY CLERK; O. LOBATO, ARCC SUPERVISOR
-----------------------	--

