



ORANGE COUNTY
CLERK-RECORDER
CEQA FILING COVER SHEET

30-04104/2025-0203

202585000267

FILED

April 4, 2025

HUGH NGUYEN
CLERK - RECORDER

By Hugh Nguyen
Deputy clerk

Complete and attach this form to each CEQA Notice filed with the County Clerk-Recorder

TYPE OR PRINT CLEARLY

Project Title

VETERANS MEMORIAL HARDSCAPE IMPROVEMENTS, CIP 7989

Check Document being Filed:

- Environmental Impact Report (EIR)
 Mitigated Negative Declaration (MND) or Negative Declaration (ND)
 Notice of Exemption (NOE)
 Other (Please fill in type):

FILED IN THE OFFICE OF THE ORANGE
COUNTY CLERK-RECORDER ON 04/04/2025
Posted 04/04/2025 Removed _____
Returned to agency on _____
DEPUTY 483

Filing fees are due at the time a Notice of Determination/Exemption is filed with our office. For more information on filing fees and No Effect Determinations, please refer to California Code of Regulations, Title 14, section 753.5.



CEQA NOTICE OF EXEMPTION

TO: Orange County Clerk-Recorder
601 N. Ross Street
Santa Ana, CA 92701

FROM: City of Brea
Community Development Department
1 Civic Center Circle
Brea, CA 92821

PROJECT TITLE/CASE NO.: Veterans Memorial Hardscape Improvements, CIP 7989

PROJECT LOCATION – Specific: Brea Civic and Cultural Center

PROJECT DESCRIPTION: The Project will install approximately 3,000 square feet of hardscape improvements adjacent to the Veterans Memorial located at the Brea Civic and Cultural Center.

Name of Public Agency Approving Project: City of Brea

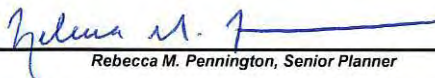
Project Applicant & Address: City of Brea, 1 Civic Center Circle, Brea, CA 92821

Lead Agency Contact Person: Michael Ho, Public Works Director, (714) 990-7698

Exempt Status: (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Ministerial (Sec. 21080(b)(1); 15268) | <input checked="" type="checkbox"/> Categorical Exemption (<u>Class 4, Sec. 15304(a)</u>) |
| <input type="checkbox"/> Declared Emergency (Sec. 21080(b)(3); 15269(a)) | <input type="checkbox"/> Statutory Exemption (<u>15262</u>) |
| <input type="checkbox"/> Emergency Project (Sec. 21080(b)(4); 15269 (b)(c)) | <input type="checkbox"/> Other: |

Reason why project is exempt: The Project consists of the installation of new hardscape improvements adjacent to the Veterans Memorial located at the Brea Civic and Cultural Center which is a minor alteration of land with a slope of less than 10 percent. In accordance with CEQA guidelines, the Project is found categorically exempt under the above-mentioned statute.


Rebecca M. Pennington, Senior Planner

4/2/25

Date

FILED

APR 04 2025

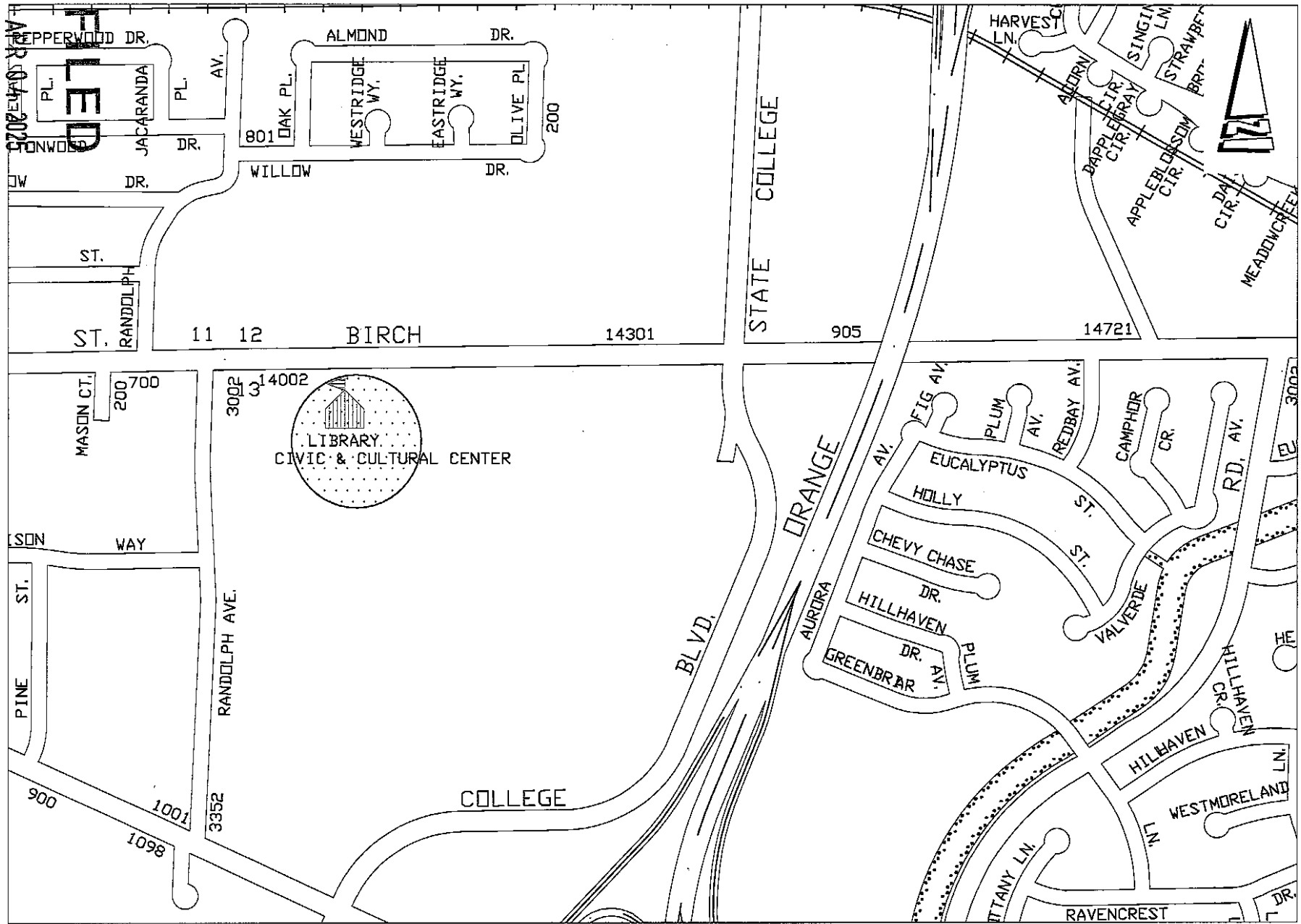
HUGH NGUYEN, CLERK-RECORDER

BY:  DEPUTY

PROJECT 7989

FACILITY IMPROVEMENTS - VETERANS MEMORIAL HARDSCAPE IMPROVEMENTS

BY:  HUGH NGUYEN, CLERK-RECORDER
DEPUTY



VICINITY MAP
NOT TO SCALE



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:
 30-04/04/2025-0203
 STATE CLEARINGHOUSE NUMBER (if applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY CITY OF BREA	LEAD AGENCY EMAIL	DATE 04/04/2025
COUNTY/STATE AGENCY OF FILING ORANGE COUNTY	DOCUMENT NUMBER 202585000287	

PROJECT TITLE
 VETERANS MEMORIAL HARDSCAPE IMPROVEMENTS, CIP 7989

PROJECT APPLICANT NAME CITY OF BREA	PROJECT APPLICANT EMAIL	PHONE NUMBER (714) 990-7698
PROJECT APPLICANT ADDRESS 1 CIVIC CENTER CIRCLE	CITY BREA	STATE CA
		ZIP CODE 92821

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 \$ 50.00 \$ _____
 Other \$ _____

PAYMENT METHOD:

- Cash Credit Check Other
 TOTAL RECEIVED \$ _____ 0.00

SIGNATURE X	AGENCY OF FILING PRINTED NAME AND TITLE Kalci Do Deputy Clerk
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