CITY OF SAN BERNARDINO
COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT
NOTICE OF EXEMPTION

FROM: CITY OF SAN BERNARDINO
Community Development Department
300 North 'D' Street
San Bernardino, CA 92418

TO: ☐ OFFICE OF PLANNING & RESEARCH
1400 Tenth Street, Room 121
Sacramento, CA 95814

☒ CLERK OF THE BOARD
County of San Bernardino
385 North Arrowhead Avenue
San Bernardino, CA 92415

Subject: Filing of a Notice of Exemption pursuant to CEQA Guidelines §15062.

Project Title:	Conditional Use Permit 25-05
Lead Agency Contact Person:	Chantel Choice
Telephone (include area code):	(909) 384-7272, extension 3328
Project Location (include county):	655 West 2nd Street County of San Bernardino
Project Description:	A request to allow the conversion of an existing Motel 6 into a recuperative care facility. The site is located within the Commercial General (CG-1), APN: 0266-561-03
Name of Public Agency Approving Project:	City of San Bernardino, Community Development Department
Name of Applicant or Agency Implementing Project:	National Healthcare and Housing Advisors, LLC

Exempt Status: (check one)

- ☐ Ministerial Exemption (§21080(b)(1); §15268)
- ☒ Categorical Exemption. State Type & Section Number: §15301 (Existing Facilities)
- ☐ Statutory Exemption. State Code Number:
- ☐ Emergency Project (§21080(b)(3); §15269(a))
- ☐ Declared Emergency (§21080(b)(4); §15269(b)(c))
- ☐ General Rule – Not Subject to CEQA

Reasons why project is exempt from: The Planning Division conducted an environmental evaluation in connection with proposed project and concluded it is exempt under Section 15301 of the CEQA Guidelines. The project site is an existing commercial facility that could be served by a full range of public services and utilities. No environmental impacts are anticipated from the existing commercial property.

This is to certify that the record of project approval is available to the general public at the Community Development Department, Planning Division, 300 North 'D' Street, 3rd Floor, San Bernardino, CA 92418 during regular business hours.

Signature: Chantel Choice **Date:** July 9, 2025 **Title:** Director of Facilities
Chantel Choice

☒ Signed by Lead Agency ☐ Signed by Applicant

Date received for filing at OPR:

DATE FILED & POSTED
Posted On: 7.9.25
Removed On: 8.14.25
Receipt No: 36-07092025-490

CLERK OF THE BOARD OF SUPERVISORS
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