

Notice of Exemption

To: Office of Planning and Research
State of California
1400 Tenth Street, Room 121
Sacramento, CA 95814

From: San Bernardino County
Project and Facilities Management Department
620 S E St.
San Bernardino, CA 92415-0184

Clerk of the Board of Supervisors
San Bernardino County
385 North Arrowhead Avenue, Second Floor
San Bernardino, CA 92415-0130

PROJECT DESCRIPTION

Project Name: Devore Animal Shelter Expansion Project

Description: The purchase and set up of modular dog kennel buildings with the specific floor plan and connection of utilities to the modular building.

Location: 19777 Shelter Way, San Bernardino, CA 92407

APN: 026204220

APPLICANT

San Bernardino County
Project and Facilities Management Department
Project Management
620 S E St.
San Bernardino, CA 92415-0184

REPRESENTATIVE

San Bernardino County
Project and Facilities Management Department
Project Management
620 S E St.
San Bernardino, CA 92415-0184

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State Clearinghouse Number: N/A
Project Number: 10.10.1850

Gil Rios

Lead Agency Contact Person

909-387-5000

Area Code/Telephone Number

Exempt Status: (check one)

- Ministerial [Sec. 21080(b)(1); 15268];
- Declared Emergency [Sec. 21080(b)(3); 15269(a)];
- Emergency Project [Sec. 21080(b)(2); 15269(b)(c)];
Section 15269 (b) and (c);
- Categorical Exemption;
- Statutory Exemptions.

DATE FILED & POSTED

Posted On: 9.30.25

Removed On: 11.05.25

Receipt No: 36-09302025-718

Reasons why the Project is exempt:

The proposed project meets the categorical exemptions guidelines and has been determined to be exempt from the provisions of the California Environmental Quality Act (CEQA) per section 21080 (b)(2); 15269(b) allowing for emergency repairs to publicly or privately owned facilities to maintain service essential to public health, safety, or welfare and 15269(c) allowing for specific actions taken to mitigate for an emergency.

Signature (Public Agency)

Date

Title

Signed by Lead Agency Signed by Applicant

Date received for filing at OPR: _____

8-18-25

Supervising Project Manager

CLERK OF THE BOARD OF SUPERVISORS
2025 SEP 30 AM 10:30
SAN BERNARDINO COUNTY
CALIFORNIA



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

Print

StartOver

Save

RECEIPT NUMBER:
 36 — 09302025 — 718
 STATE CLEARINGHOUSE NUMBER (If applicable)
 N/A

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY San Bernardino County-PFMD	LEAD AGENCY EMAIL -	DATE 09302025
COUNTY/STATE AGENCY OF FILING San Bernardino	DOCUMENT NUMBER -	

PROJECT TITLE

Devore Animal Shelter Expansion Project

PROJECT APPLICANT NAME San Bernardino County-PFMD	PROJECT APPLICANT EMAIL -	PHONE NUMBER (909) 387-5000
PROJECT APPLICANT ADDRESS 620 S E St.	CITY San Bernardino	STATE CA
		ZIP CODE 92415-0184

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) | | | |

- | | | | |
|---|----------|----|-------|
| <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
SAP

TOTAL RECEIVED \$ 50.00

SIGNATURE X	AGENCY OF FILING PRINTED NAME AND TITLE Alicia Meza, Deputy Clerk
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