

Notice of Exemption

Appendix E

To: Office of Planning and Research
P.O. Box 3044, Room 113
Sacramento, CA 95812-3044

From: (Public Agency): City of San Mateo
330 W. 20th Ave
San Mateo, CA 94403

County Clerk

County of: San Mateo

555 County Center, 1st Floor

Redwood City, CA 94063

(Address)

FILED ENDORSED
IN THE OFFICE OF THE
COUNTY CLERK RECORDER
SAN MATEO COUNTY CALIF

Project Title: 2,976 sq. ft. Childcare Facility

FEB 25 2026

Project Applicant: Western Hills Church

MARK CHURCH, County Clerk
By Henry Salgado
Deputy Clerk

Project Location - Specific:

3399 CSM Drive San Mateo CA

Project Location - City: San Mateo

Project Location - County: San Mateo

Description of Nature, Purpose and Beneficiaries of Project:

The project consists of a Special Use Permit (SUP) to allow a 2,976-square-foot childcare facility within an existing 22,420-square-foot church located in the Single-Family (R1-A) zoning district. No changes to the building's floor area, height, or footprint are proposed. The project also includes updating the existing church's Conditions of Approval, originally established under Planning Application PA-1978-005.

Name of Public Agency Approving Project: City of San Mateo

Name of Person or Agency Carrying Out Project:

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: Section 15301
Statutory Exemptions. State code number:

Reasons why project is exempt:

The project will not have a significant effect on the environment and is therefore categorically exempt from the provisions of the California Environmental Quality Act (CEQA) pursuant to CEQA Guidelines Section 15301 (Class 1 - Existing Facilities). The project consists of the interior conversion of an existing classroom to a child care facility with no expansion of building footprint, height, or overall site development. Therefore, the project involves only minor alterations to an existing structure to conform with current building code and qualifies for the Class 1 categorical exemption.

Lead Agency

Contact Person: Elle Caro (Lcaro@cityofsanmateo.org)

Area Code/Telephone/Extension: 650-522-7204

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: [Handwritten Signature] Date: 2/25/26 Title: Assistant Planner

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:



State of California - Department of Fish and Wildlife
2026 ENVIRONMENTAL DOCUMENT FILING FEE CASH RECEIPT
 DFW 753.5a (REV. 01/01/26) Previously DFG 753.5a

Print [REDACTED] **Save**

RECEIPT NUMBER:
 41-02252026-0002
 STATE CLEARINGHOUSE NUMBER (if applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY CITY OF SAN MATEO	LEAD AGENCY EMAIL	DATE 02/25/2026
COUNTY/STATE AGENCY OF FILING SAN MATEO COUNTY	DOCUMENT NUMBER 129429	
PROJECT TITLE 2976 SQ FT CHILDCARE FACILITY		

PROJECT APPLICANT NAME WESTERN HILLS CHURCH	PROJECT APPLICANT EMAIL	PHONE NUMBER (650) 522-7204
PROJECT APPLICANT ADDRESS 330 W 20TH AVE	CITY SAN MATEO	STATE CA
		ZIP CODE 94403

PROJECT APPLICANT (Check appropriate box)

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


CHECK APPLICABLE FEES:

Environmental Impact Report (EIR) \$ 4,227.50 \$ _____
 Mitigated/Negative Declaration (MND)(ND) \$ 3,043.75 \$ _____
 Certified Regulatory Program (CRP) document - payment due directly to CDFW \$ 1,437.25 \$ _____
 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 \$ 50.00
 Other \$ _____

PAYMENT METHOD:

Cash Credit Check Other
 TOTAL RECEIVED \$ 50.00

SIGNATURE X 	AGENCY OF FILING PRINTED NAME AND TITLE Henry Salgado Deputy Clerk
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