|   |  |             | Print                                   |          | StartOver                              | Finalize&Email   |
|---|--|-------------|---|----------|--|--|
|   |  | REC         | CEIPT I                                 | VUME     | BER:                                   |  |
|   |  | 09          | · (                                     | 6/17/    | 2019                                   | 92   |
|   |  | L           |   |          |  | MBER (If applicable)   |
| SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.               |  |             |   |          |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
| LEAD AGENCY   | LEADAGENCY EMAIL                       |             |   |          | DATE                                   |  |
| EL DORADO CO COMMUNITY DEV SERVICES-PLANNING & GUILDING DEPT      |  |             |   |          | 6/17/201                               | 9  |
| COUNTY/STATE AGENCY OF FILING                                     | ······································ |             |   | <u> </u> | DOCUMENT I                             | NUMBER   |
| El Dorado   |  |             |   |          | 09-2019-                               | 92   |
| PROJECT TITLE   |  |             |   |          |  |  |
|   |  |             |   |          |  |  |
| S08-0017/COMPANION ANIMAL HOSPITAL                                |  |             |   |          |  |  |
| PROJECT APPLICANT NAME  | PROJECT APPLICANT                      | EMAIL       | *************************************** |          | PHONE NUM                              | 3ER  |
| CHRIS & ERIN FELTON/COMPANION ANIMAL HOSPITAL                     |  |             |   |          | (530) 621                              | -5355  |
| PROJECT APPLICANT ADDRESS   | CITY                                   | 15          | STATE                                   |          | ZIP CODE                               |  |
| 2850 FAIRLANE COURT   | PLANCERVILLE                           | Ξ           | CA                                      |          | 95667                                  |  |
| PROJECT APPLICANT (Check appropriate box)                         |  |             |   |          | <del></del>                            | THE STATE OF THE S |
| Local Public Agency School District                               | Other Special District                 |             | ☐ Sta                                   | ate Ag   | gency                                  | Private Entity   |
|   |  |             |   |          |  |  |
| CHECK APPLICABLE FEES:  |  |             |   |          |  | 0.00   |
| ☐ Environmental Impact Report (EIR)                               |  | \$3,27      |   |          |  |  |
| ☐ Mitigated/Negative Declaration (MND)(ND)                        |  |             | 4.75                                    | \$.      |  | 0.00   |
| ☐ Certified Regulatory Program (CRP) document - payment due d     | lirectly to CDFW                       | \$1,11      | 2.00                                    | \$.      | ·····                                  | 0.00   |
|   |  |             |   |          |  |  |
| ☐ 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)                    | \$85        | 0.00                                    | \$       |  | 0.00   |
| County documentary handling fee                                   |  |             |   | \$ .     |  | 50.00  |
| ☐ Other   |  |             |   | \$       | ······································ |  |
| PAYMENT METHOD:   |  |             |   |          |  | <b>50.00</b>   |
| ☐ Cash ☐ Credit ☐ Check ☐ Other                                   | TOTAL                                  | RECE        | VED                                     | \$.      |  | 50.00  |
| SIGNATURE AGEN  | CY OF FILING PRINTED                   | NAME /      | AND TI                                  | TIE      |  |  |
| OIGIVATORE AGEN   | CT OF FILING FRINTED                   | 14VIAIT V   | KIND II                                 | I LL     |  |  |
| X Jane  | elle Horne, Recorde                    | er/Cle      | rk by                                   | Reb      | ecca Bridg                             | eman, Deputy   |
|   |  | <del></del> |   |          | · · · · · · · · · · · · · · · · · · ·  |  |
| //  |  |             |   |          |  |  |
| //  |  |             |   |          |  |  |

| Notice of Evernation   | Form C   |
|--|--|
| Notice of Exemption  | Form C   |
| To: County Clerk County of El Dorado 360 Fair Lane Placerville, CA 95667   | From: County of El Dorado Community Development<br>Services-Planning and Building Department<br>2850 Fairlane Court<br>Placerville, CA 95667 |
| S08-0017/Companion Animal Hospital   | Chris and Erin Felton/Companion Animal Hospita   |
| Project Title  | Project Applicant  |
|  | Coach Lane, in the Cameron Park Area, Supervisorial District 2.  |
| Project Location – Specific  | (El Dorado County)   |
| County initiated Revocation of Conditional Use Permit a<br>Project Description   | at the request of the Applicant.   |
| County of El Dorodo Blanning Commission  |  |
| County of El Dorado Planning Commission  Name of Public Agency Approving Project   |  |
| County of El Dorado Community Development Services 2850 Fairlane Ct, Placerville, CA 95667                                     | s-Planning and Building Department<br>(530) 621-5355   |
| Name of Person or Agency Carrying out Project  | Telephone Number   |
| Exempt Status:  CEQA Statute Section 21080.  |  |
| Categorical Exemption. State type and section number   | ber: 15301—Existing Facilities   |
| Statutory Exemption. State code number:  |  |
| Reasons why project is exempt: The project consists of a permitting action for an existing of the existing or former use.      | g private commercial structure involving negligible or no expansior  |
| • •  | phone/Extension: (530) 621-6644  |
| If filed by applicant:  1. Attach certified document of exemption finding.  2. Has a Notice of Exemption been filed by the pub | lic agency approving the project?   Yes   No   |
| 12/14/   | 6-13-19 Principal Planner  Title   |
| Signature (Públic Agency)  | Date Title   |
| <ul><li>☐ Signed by Lead Agency</li><li>☐ Signed by Applicant</li></ul>  |  |
|  | FILED  |

JUN 17 2019

JANELLE K. HORNE, Recorder-Clerk By