

EXHIBIT G



Notice of Exemption

Appendix E
FILED

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

County Clerk
County of: Imperial
940 Main Street Suite 202
El Centro, CA 92243

From: (Public Agency): City of Holtville
121 West Fifth Street
Holtville, CA 92250

FILED
IMPERIAL COUNTY, CALIFORNIA

NOV 04 2015

(Address)

BY CHUCK STOREY
COUNTY CLERK
DEPUTY

Project Title: Annexation & Pre-Zone of APN 045-390-051 & 045-390-053 as Single Family Residential

Project Applicant: Earnest Higgins Trust

Project Location - Specific:

The project is located at the Northwest corner of 9th Street and Cedar Avenue (APN 045-390-051 and 045-390-053) within the County of Imperial, abutting the Holtville City Limits.

Project Location - City: Unincorporated

Project Location - County: Imperial

Description of Nature, Purpose and Beneficiaries of Project:

The proposed project involves the annexation of parcel APN 045-390-051 and 045-390-053. The subject property is adjacent to a property within the City Limits. The applicant intends to construct a single family home on the corner lot for personal benefit and Pre-Zone as Single Family Residential.

Name of Public Agency Approving Project: City of Holtville and Imperial County LAFCO

Name of Person or Agency Carrying Out Project: Earnest and Theresa Higgins, Property Owners

POSTED

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: 15319 (b) Annexations of Lots for Exempt Facilities
- Statutory Exemptions. State code number: _____

NOV 04 2015

IMPERIAL COUNTY
CLERK-RECORDED

Reasons why project is exempt:

Section 15319 allows for annexations to a city of small parcels of minimum size for facilities exempt by Section 14303 (Single Family Homes). The City of Holtville is the gaining agency and the current density proposed is allowed under the general plan designation and single family zone.

Lead Agency

Contact Person: Justina Gamboa Arce

Area Code/Telephone/Extension: (760) 337-3883

Co-Lead: Jurg Heuburger

(760)353-4115

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: [Signature] Date: 11-04-15 Title: CITY PLANNER/HOLTVILLE

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-Natural Resources Agency
 CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE
2015 ENVIRONMENTAL FILING FEE CASH RECEIPT

RECEIPT# 13-2015-078
STATE CLEARING HOUSE # (if applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY CITY OC HOLTVILLE AND IMPERIAL COUNTY LAFCO	DATE 11/04/2015
COUNTY/STATE AGENCY OF FILING IMPERIAL COUNTY	DOCUMENT NUMBER 13-2015-078

PROJECT TITLE
ANNEXATION & PRE-ZONE OF APN 045-390-051 & 045-390-053 AS SINGLE FAMILY RESIDENTIAL

PROJECT APPLICANT NAME EARNEST HIGGINS TRUST	PHONE NUMBER (760) 337-3883
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PROJECT APPLICANT ADDRESS 121 WEST FIFTH STREET	CITY HOLTVILLE	STATE CA	ZIP CODE 92250
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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)	\$3,069.75	\$	<u>0.00</u>
<input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)	\$2,210.00	\$	<u>0.00</u>
<input type="checkbox"/> Application Fee Water Diversion (State Water Resources Control Board only)	\$850.00	\$	<u>0.00</u>
<input type="checkbox"/> Projects Subject to Certified Regulatory Programs (CRP)	\$1,043.75	\$	<u>0.00</u>
<input checked="" type="checkbox"/> County Administrative Fee	\$62.00	\$	<u>62.00</u>
<input checked="" type="checkbox"/> Project that is exempt from fees			
<input checked="" type="checkbox"/> Notice of Exemption (attach)			
<input type="checkbox"/> CDFW No Effect Determination (attach)			
<input type="checkbox"/> Other _____		\$	<u>0.00</u>

PAYMENT METHOD:

Cash
 Credit
 Check
 Other CK#45658

TOTAL RECEIVED \$ 62.00

SIGNATURE <i>x Rebecca Leyva-Salmon</i>	PRINTED NAME AND TITLE Rebecca Leyva Deputy Clerk
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