

**Notice of Exemption****Form C**

**To:** County Clerk  
County of El Dorado  
360 Fair Lane  
Placerville, CA 95667

**From:** County of El Dorado  
Planning and Building Department  
2850 Fairlane Court  
Placerville, CA 95667

DR24-0010 Business Drive Open Storage Lot

Ron Henry62@yahoo.com

**Project Title**

**Project Applicant and  
Applicant Email**

Assessor's Parcel Number: 109-480-027; Located on the west side of Business Drive 1000 feet south of the intersection with Durock Road El Dorado County, CA.

**Project Location – Specific**

**(El Dorado County)**

A Design Review Permit, DR24-0010, to allow construction and operation of a privately operated open storage lot. No structural improvements are proposed.

**Project Description**

County of El Dorado-Planning and Building Division

**Name of Public Agency Approving Project**

County of El Dorado-Planning and Building Department  
2850 Fairlane Ct, Placerville, CA 95667

(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: \_\_\_\_\_

☒ Statutory Exemption. State code number: Statutorily Exempt pursuant to Section 15183, Projects Consistent with a Community Plan, General Plan, or Zoning.

**Reasons why project is exempt:**

Project proposes no new use that was not analyzed in the General Plan EIR and is consistent with the General Plan and Zoning Code of Ordinances.

**Lead Agency**

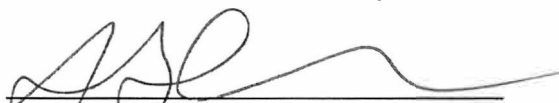
**Contact Person:** Craig Osborn  
Craig.Osborn@edcgov.us

**Area Code/**

**Telephone/Extension:** (530) 621-5697

**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 (Public Agency)

6/23/2026  
Date

PLANNING MGR  
Title

530-621-5980  
Phone Number

andeflower@edcgov.us  
email

**FILED**

**JUN 24 2026**

- ☒ Signed by Lead Agency  
☐ Signed by Applicant

JANELLE K. HORNE, Recorder-Clerk  
By Kimberly Preston



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

RECEIPT NUMBER:

09--06242026-056

STATE CLEARINGHOUSE NUMBER (If applicable)

**SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.**

|                                           |                                            |                    |
|-------------------------------------------|--------------------------------------------|--------------------|
| LEAD AGENCY<br>EL DORADO CO BUILDING DEPT | LEAD AGENCY EMAIL<br>ande.flower@edcgov.us | DATE<br>06/24/2026 |
|-------------------------------------------|--------------------------------------------|--------------------|

|                                            |                                |
|--------------------------------------------|--------------------------------|
| COUNTY/STATE AGENCY OF FILING<br>EL DORADO | DOCUMENT NUMBER<br>FW2026-0056 |
|--------------------------------------------|--------------------------------|

PROJECT TITLE  
DR24-0010 BUSINESS DRIVE OPEN STORAGE LOT

|                                     |                                                  |                                |
|-------------------------------------|--------------------------------------------------|--------------------------------|
| PROJECT APPLICANT NAME<br>RON HENRY | PROJECT APPLICANT EMAIL<br>ande.flower@edcgov.us | PHONE NUMBER<br>(530) 621-5980 |
|-------------------------------------|--------------------------------------------------|--------------------------------|

|                                                  |                     |             |                   |
|--------------------------------------------------|---------------------|-------------|-------------------|
| PROJECT APPLICANT ADDRESS<br>2850 FAIRLANE COURT | CITY<br>PLACERVILLE | STATE<br>CA | ZIP CODE<br>95667 |
|--------------------------------------------------|---------------------|-------------|-------------------|

**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)                                          | \$4,227.50 | \$ _____ |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)                                   | \$3,043.75 | \$ _____ |
| <input type="checkbox"/> 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)

|                                                                                                             |          |          |
|-------------------------------------------------------------------------------------------------------------|----------|----------|
| <input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only) | \$850.00 | \$ _____ |
|-------------------------------------------------------------------------------------------------------------|----------|----------|

|                                                                     |          |         |
|---------------------------------------------------------------------|----------|---------|
| <input checked="" type="checkbox"/> County documentary handling fee | \$ _____ | \$50.00 |
|---------------------------------------------------------------------|----------|---------|

|                                |          |  |
|--------------------------------|----------|--|
| <input type="checkbox"/> Other | \$ _____ |  |
|--------------------------------|----------|--|

**PAYMENT METHOD:**

☐ Cash    ☐ Credit    ☒ Check    ☐ Other

**TOTAL RECEIVED**    \$    50.00

SIGNATURE

AGENCY OF FILING PRINTED NAME AND TITLE

Janelle K. Horne Recorder-Clerk, by Kimberly Preston, Dpty