

RECEIVED

DEC 28 2020

POSTED IN THE OFFICE OF THE TRINITY COUNTY CLERK

Print Form

TRINITY COUNTY CLERK/RECORDER/ASSESSOR

FROM: 12/28/2020 TO: 1/29/2021

Notice of Determination

Appendix D

To: [x] Office of Planning and Research
U.S. Mail: P.O. Box 3044 Sacramento, CA 95812-3044
Street Address: 1400 Tenth St., Rm 113 Sacramento, CA 95814

From: Public Agency: Trinity County
Address: P.O. Box 2490 31301 State Highway 3, Weaverville, CA 96093
Contact: David Colbeck
Phone: (530) 623-1365 ext 3409

[x] County Clerk
County of: Trinity
Address: 11 Court Street, P.O. Box 1215 Weaverville, CA 96093

Lead Agency (if different from above):
Address:
Contact:
Phone:

SUBJECT: Filing of Notice of Determination in compliance with Section 21108 or 21152 of the Public Resources Code.

State Clearinghouse Number (if submitted to State Clearinghouse): 2018122049

Project Title: Trinity County Commercial Cannabis Program

Project Applicant: Trinity County

Project Location (include county): Trinity County

Project Description:

The Cannabis Program consists of the readoption of ordinances that regulate commercial cannabis operations countywide.

This is to advise that the Trinity County Board of Supervisors has approved the above (x) Lead Agency or Responsible Agency

described project on 12/28/20 and has made the following determinations regarding the above described project.

- 1. The project [x] will [ ] will not] have a significant effect on the environment.
2. [x] An Environmental Impact Report was prepared for this project pursuant to the provisions of CEQA.
[ ] A Negative Declaration was prepared for this project pursuant to the provisions of CEQA.
3. Mitigation measures [x] were [ ] were not] made a condition of the approval of the project.
4. A mitigation reporting or monitoring plan [x] was [ ] was not] adopted for this project.
5. A statement of Overriding Considerations [x] was [ ] was not] adopted for this project.
6. Findings [x] were [ ] were not] made pursuant to the provisions of CEQA.

This is to certify that the final EIR with comments and responses and record of project approval, or the negative Declaration, is available to the General Public at:

https://www.trinitycounty.org/Commercial-Cannabis

Signature (Public Agency): David Colbeck Title: Environmental Compliance Specialist

Date: 12/28/20 Date Received for filing at OPR:

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Signature (Public Agency): David Colbeck Title: Environmental Compliance Specialist

Date: 12/28/20 Date Received for filing at OPR:



State of California - Department of Fish and Wildlife  
**2020 ENVIRONMENTAL FILING FEE CASH RECEIPT**  
 DFW 753.5a (REV. 06/01/20) Previously DFG 753.5a

**Print**    **StartOver**    **Save**

RECEIPT NUMBER:  
 01 — 12/28/2020 — 005  
 STATE CLEARINGHOUSE NUMBER (If applicable)  
 2018122049

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

LEAD AGENCY <b>Trinity County</b>	LEAD AGENCY EMAIL <b>dcolbeck@trinitycounty.org</b>	DATE <b>12/28/2020</b>
COUNTY/STATE AGENCY OF FILING <b>Trinity</b>		DOCUMENT NUMBER

PROJECT TITLE

**Trinity County Commercial Cannabis Program**

PROJECT APPLICANT NAME <b>Trinity County</b>	PROJECT APPLICANT EMAIL <b>dcolbeck@trinitycounty.org</b>	PHONE NUMBER <b>(530) 623-1365</b>
PROJECT APPLICANT ADDRESS <b>PO Box 2490</b>	CITY <b>Weaverville</b>	STATE <b>CA</b>
		ZIP CODE <b>96093</b>

**PROJECT APPLICANT** (Check appropriate box)

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

**CHECK APPLICABLE FEES:**

- |   |            |    |                   |
|---|------------|----|-------------------|
| <input checked="" type="checkbox"/> Environmental Impact Report (EIR)                                       | \$3,343.25 | \$ | <u>3,343.25</u>   |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)   | \$2,406.75 | \$ | <u>0.00</u>       |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW         | \$1,136.50 | \$ | <u>0.00</u>       |
| <br>  |            |    |                   |
| <input type="checkbox"/> Exempt from fee  |            |    |                   |
| <input 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)                   |            |    |                   |
| <hr/>   |            |    |                   |
| <input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only) | \$850.00   | \$ | <u>0.00</u>       |
| <input checked="" type="checkbox"/> County documentary handling fee   |            | \$ | <u>50.00</u>      |
| <input type="checkbox"/> Other  |            | \$ | <u>          </u> |

**PAYMENT METHOD:**

- Cash   
  Credit   
  Check   
  Other

**TOTAL RECEIVED**    \$    3,393.25

SIGNATURE <b>X David Colbeck</b>	AGENCY OF FILING PRINTED NAME AND TITLE <b>Trinity County. David Colbeck. Env Compliance Specialist</b>
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# COUNTY OF TRINITY

State of California

Claim/Authorization for Release of Funds

Claimant's Name: State Treasurer

Attn: \_\_\_\_\_

Street or Box No.: PO Box 942809

City and State: Sacramento, CA

Zip: 94209-0001

Vendor # V01660

Dept. Multi

Date: 12/28/2020

### Contract Information

Contract# \_\_\_\_\_

Contract Exp. \_\_\_\_\_

Ins. Exp. \_\_\_\_\_

### COUNTY

### CUSTOMER INVOICE INFORMATION

Transaction Amount Dept# Acct # Job Code

Customer I.D. Invoice # Total Invoice  
(30 Spaces Available) (16 Spaces Avail)

3,343.25

0709

0580

TC Commercial Cannabis Program

EIR-122820

3,343.25

\*\*Return warrant to Accounting/Bldg\*\*

\$ 3,343.25 Transaction Total

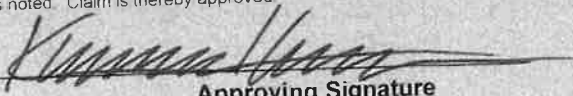
Invoice Total \$ 3,343.25

I HEREBY CERTIFY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part thereof has been heretofore paid; that the amount is justly due and is presented within one year after the last item thereof has accrued.

I HEREBY CERTIFY upon my own personal knowledge that the articles or services specified in the above claim were necessary & were ordered by me for the purpose indicated hereon; that the articles have been delivered or the services have been performed by the claimant as set forth with the exceptions noted. Claim is thereby approved.

Signed \_\_\_\_\_

Claimant

Signed 

Approving Signature