DFW 753.5a (REV. 01/01/24) Previously DFG 753.5a

b) w 755.52 (REV. 61/61/21) / 151/625/		Print		Save
		RECEIPT NUMB	ER:	
		41-10302024-000	04	
			IGHOUSE NUMBER	R (If applicable)
TOTAL STATE OF SERVICE				
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY. LEAD AGENCY	LEADAGENCY EMAIL		DATE	p museup week promise.
CITY OF HALF MOON BAY	ELADAGEITOT EINTE		10/30/2024	
COUNTY/STATE AGENCY OF FILING			DOCUMENT NUM	BER
SAN MATEO COUNTY			129061	
PROJECT TITLE				.2
PROJECT TILE				
STONE PINE COVE AFFORDABLE FARMWORKER HOUSING PRO		AAU	PHONE NUMBER	
PROJECT APPLICANT NAME	PROJECT APPLICANT EN	NAIL	10. St. Maria 200/200701 (A. Maria 200/2003)	
CITY OF HALF MOON BAY	OLTY	STATE	(650) 726-8284 ZIP CODE	
PROJECT APPLICANT ADDRESS	CITY		8 8	
501 MAIN ST	HALF MOON BAY	CA	94019	
PROJECT APPLICANT (Check appropriate box)	7 Otto - Consider District	Ctata Aa		Private Entity
■ Local Public Agency ■ School District	Other Special District	☐ State Ag	gency 🔲	Filvate Citity
CHECK APPLICABLE FEES:		4 051 25 s		
Environmental Impact Report (EIR)				
 ✓ Mitigated/Negative Declaration (MND)(ND) ☐ Certified Regulatory Program (CRP) document - payment due of the company of the comp				
Certified Regulatory Program (CRP) document - payment due to	anddry to ODI VV	,		
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)			
		\$ 50.00 \$		50.00
☐ Other		\$		
PAYMENT METHOD:				0.000.75
☐ Cash ☑ Credit ☐ Check ☐ Other	TOTAL R	ECEIVED \$	Hatte Book (1999)	2,966.75
dignature!	ICV OF EILING DRINTED N	AME AND TITLE		
AGENCY OF FILING PRINTED NAME AND TITLE				
X /	y Salgado Deputy Clerk			



NOTICE OF DETERMINATION

TO:

☑ Office of Planning & Research

State Clearing House 1400 Tenth St. Sacramento, CA 95814

San Mateo County 555 County Center, 1st Floor Redwood City, CA 94063

From:

City of Half Moon Bay

Planning Division 501 Main Street

Half Moon Bay, CA 94019 Contact: John Doughty

Phone: (650) 726-8284

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

STATE CLEARINGHOUSE NUMBER (if submitted to State Clearinghouse): 2024090093

PROJECT TITLE: Stone Pine Cove Affordable Farmworker Housing Project (Mitigated Negative

Declaration)

PROJECT APPLICANT: City of Half Moon Bay

PROJECT LOCATION (City & County): 880 Stone Pine Road (APN: 056-260-180), Half Moon Bay, San

Mateo County

PROJECT DESCRIPTION The Stone Pine Cove Affordable Farmworker Housing Project (project) consists of development of 46 affordable manufactured homes that would be available to low income and lower income farmworkers, one manager's unit, and one management office on a 6.82-acre portion of a 20.33acre parcel (Assessor's Parcel Number [APN] 056-260-180) under the ownership of the City of Half Moon Bay (City). The County of San Mateo (County) and the City are co applicants for the proposed project. Site access, parking, landscaping, recreation, lighting, and utility improvements are also planned. The project would require approval of a Parcel Map to divide the subject parcel into three legal parcels.

This is to advise that the City of Half Moon Bay Planning Commission has approved the above described

	to to dation that the only of their thousand, the only of the only		
	Lead Agency or \square Responsible Agency) project on $\underline{10/24/24}$ and has made the following sterminations regarding the above described project.		
1.	The Project (\square will \boxtimes will not) have significant effect on the environment.		
2.	\Box An Environmental Impact Report was prepared for this project pursuant to the provisions of CEQA.		
	\boxtimes A Negative Declaration was prepared for this project pursuant to the provisions of CEQA.		
3.	Mitigation measures ($oxtimes$ were $oxtimes$ were not) conditions of the approval for this project.		
4.	A mitigation reporting or monitoring plan ($oxtimes$ was $oxtimes$ was not) adopted for this project.		
5.	A statement of Overriding Considerations (\square was \boxtimes was not) adopted for this project.		
6.	Findings ($oxtimes$ were $oxtimes$ were not) made pursuant to the provisions of CEQA.		
Th	is is to certify that the final Mitigated Negative Declaration with comments and response and record of project		

approval, or the negative Declaration, is available to the General Public at: City of Half Moon Bay City Hall, 501 Main Street, Half Moon Bay and www.half-moon-bay.ca.us

129061

FILED

SAN MATEO COUNTY

Oct 30 2024

MARK CHURCH, County Clerk

Chunggickele.

By___

Deputy Clerk

County of San Mateo Clerk-Recorder Mark Church 555 County Center Redwood City, CA 94063 (650) 363-4500

Receipt No.: RPT20240059784

Finalization No.: 2024058828

Cashier: 89

Register: 022

Date/Time: 10/30/2024 04:52 PM

Item Title Count EIRN Fish & Game: Neg Declaration

Document No.:

Filing Time: 129061 04:52 PM Filing Total:

\$2,966.75 Filing Fee: \$2,916.75

Total Amount Due: \$2,966.75

Total Paid

Credit Card Tendered:

\$2,966.75 #30330

Amount Due:

\$0.00

THANK YOU PLEASE RETAIN THIS RECEIPT FOR YOUR RECORDS

https://www.smoacre.gov/

