## **NOTICE OF EXEMPTION**

TO:	Ø	Office of Planning and Research P.O. Box 3044, Room 113 Sacramento, CA 95812-3044 Email: state.clearinghouse@opr.c	a.gov	FROM:	City of Watsonville Community Development Department 250 Main Street Watsonville, CA 95076
	☑	Clerk of the Board Santa Cruz County 701 Ocean Street, Room 520 Santa Cruz, CA 95060		FILE NO	).: PP2023-6357
Proje	ect Ti	itle: Construction of a 9,141 square	foot perinatal care ce	enter	
Proje	ect Lo	ocation - Specific: 150 Pennsylvar	nia Drive, Watsonville	, CA 9507	6
Project Location - City: Watsonville				Project Location - County: Santa Cruz	
6357	) to a		Facility. The proposa	al consists	ative Review Permit (App No. PP2023- of demolishing the existing building and
Nam	e of F	Public Agency Approving Project	: City of Watsonville		
		Person or Agency Carrying Out F Janus of Santa Cruz, 150 Pennsyl			200 7 <sup>th</sup> Ave, Suite 200, Santa Cruz, CA
Exen	npt S	tatus (check one):			
	De En Ca	nisterial (Sec. 21080(b)(1); 15268); eclared Emergency (Sec. 21080(b)( nergency Project (Sec. 21080(b)(4) ategorical Exemption. State type and atutory Exemptions. State code nun	3); 15269(a)); ; 15269(b)(c)); d section number:		
deem perm discre	ned c itted etiona	onsistent and in conformity with a use, within the zone in which the st	ny applicable local p ructure is located, an nary reviews or appro	olan, stand nd shall no vals." As s	60.3(a), the proposed project "shall be dard, or requirement, and allowed as a of the subject to a conditional use permit, such, the decision to approve the project
Lead	Age	ncy Contact Person: Matt Orbach	, Principal Planner	Telepho	ne: 831-768-3077
lf file	d by	applicant:			
1 2		tach certified document of exemptions as a Notice of Exemption been filed		approving	g the project?
Sign	ature	Huballh	Date: 11/20/23		Title: Principal Planner
		☑ Signed by Lead Agency	☐ Signed by Appli		195 W/S 51ELDE POSTED AT THE CLERK
		ed: Sections 21083 and 21110, Public Re Sections 21108, 21152, and 21152.1, Pu		OF THE L	Date Received for filing at OPR: FOR A
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