

Notice of Determination**Appendix D****To:**

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

County Clerk
 County of: _____
 Address: _____

From:

Public Agency: _____
 Address: _____

 Contact: _____
 Phone: _____

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): _____

Project Title: _____

Project Applicant: _____

Project Location (include county): _____

Project Description:

This is to advise that the _____ has approved the above
 (Lead Agency or Responsible Agency)

described project on _____ and has made the following determinations regarding the above
 (date)
 described project.

1. The project [will will not] have a significant effect on the environment.
2. 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 [were were not] made a condition of the approval of the project.
4. A mitigation reporting or monitoring plan [was was not] adopted for this project.
5. A statement of Overriding Considerations [was was not] adopted for this project.
6. Findings [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:

 Signature (Public Agency): _____ Title: _____

Date: _____ Date Received for filing at OPR: _____



State of California - Department of Fish and Wildlife
2020 ENVIRONMENTAL FILING FEE CASH RECEIPT
 DFW 753.5a (REV. 12/01/19) Previously DFG 753.5a

RECEIPT NUMBER:
 39-07232020-240

STATE CLEARINGHOUSE NUMBER (If applicable)
 2020049060

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

| | | |
|--|------------------------------------|--------------------|
| LEAD AGENCY CITY OF LODI PUBLIC WORKS | LEAD AGENCY EMAIL | DATE 07/23/2020 |
| COUNTY/STATE AGENCY OF FILING SAN JOAQUIN | DOCUMENT NUMBER 39-07232020-240 | |

PROJECT TITLE
 LODI LAKE SHORELINE RESTORATION PROJECT

| | | |
|---|-------------------------|------------------------------------|
| PROJECT APPLICANT NAME CITY OF LODI PUBLIC WORKS | PROJECT APPLICANT EMAIL | PHONE NUMBER 209-333-6700 LYMAN |
| PROJECT APPLICANT ADDRESS 221 W PINE STREET | CITY LODI | STATE CA |
| | | ZIP CODE 95240 |

PROJECT APPLICANT (Check appropriate box)

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

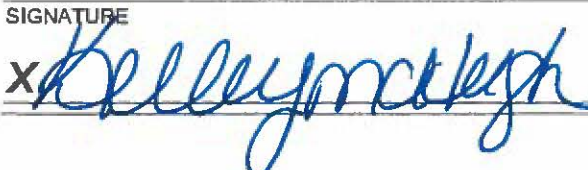
CHECK APPLICABLE FEES:

| | | |
|---|------------|--------------------|
| <input type="checkbox"/> Environmental Impact Report (EIR) | \$3,343.25 | \$ _____ |
| <input checked="" type="checkbox"/> Mitigated/Negative Declaration (MND)(ND) | \$2,406.75 | \$ <u>2,406.75</u> |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,136.50 | \$ _____ |
| | | |
| <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) | | |
| | | |
| <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 | | \$ <u>50.00</u> |
| <input type="checkbox"/> Other | | \$ _____ |

PAYMENT METHOD:

Cash
 Credit
 Check
 Other

TOTAL RECEIVED \$ 2,456.75

| | |
|---|--|
| SIGNATURE  | AGENCY OF FILING PRINTED NAME AND TITLE Kelley McHugh ,Deputy |
|---|--|





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Exempt from fee

Notice of Exemption (attach)

CDFW No Effect Determination (attach)

Fee previously paid (attach previously issued cash receipt copy)

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PAYMENT METHOD:

Cash Credit Check Other

TOTAL RECEIVED \$ _____ \$2,456.75

| | |
|---------------|--|
| SIGNATURE | AGENCY OF FILING PRINTED NAME AND TITLE Kelley McHugh ,Deputy |
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