



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: 49-05192020-129
STATE CLEARINGHOUSE NUMBER (If applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY SONOMA COUNTY	LEAD AGENCY EMAIL CHRIS.SEPPELER@SONOMA-COUNTY.ORG	DATE 05/19/2020
COUNTY/STATE AGENCY OF FILING SONOMA	DOCUMENT NUMBER 20-0519-02	

PROJECT TITLE
 MASTER AGREEMENT FOR THE VALLEY OF THE MOON PSYCHIATRIC HEALTH FACILITY PROJECT

PROJECT APPLICANT NAME SONOMA COUNTY GENERAL SERVICES/DEPT OF	PROJECT APPLICANT EMAIL	PHONE NUMBER 707565853
PROJECT APPLICANT ADDRESS 2300 COUNTY CENTER DR STE A200	CITY SANTA ROSA	STATE CA
		ZIP CODE 95403

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 type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)	\$2,406.75	\$ _____
<input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW	\$1,136.50	\$ _____

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 <i>x Carrie Anderson</i>	AGENCY OF FILING PRINTED NAME AND TITLE Carrie Anderson, Deputy County Clerk-Recorder
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