



RECEIPT NUMBER:
 36 — 03052025 — 131

STATE CLEARINGHOUSE NUMBER (If applicable)
 2022070039

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY SBCTA	LEAD AGENCY EMAIL -	DATE 03052025
COUNTY/STATE AGENCY OF RUNG San Bernardino		DOCUMENT NUMBER MI
PROJECT TITLE		

Ontario International Airport (ONT) Connector Project

PROJECT APPLICANT NAME San Bernardino County Transportation Authority (SBCTA)	PROJECT APPLICANT EMAIL -	PHONE NUMBER (909)884-8276
PROJECT APPLICANT ADDRESS 1170 W. Third St., Second Floor	CITY STATE San Bernardino CA	ZIP CODE 92410-1715

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) | \$4,123.50 | \$ | 4,123.50 |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND) | \$2,968.75 | \$ | 0.00 |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,401.75 | \$ | 0.00 |
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 | | | |
| <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 | \$ | 0.00 |
| (3 County documentary handling fee) | | \$ | 50.00 |
| <input type="checkbox"/> Other | | \$ | |

PAYMENT METHOD: =4 559 331097

- Cash Credit Check Other TOTAL RECEIVED \$ 4,173.50

SIGNATURE X	AGENCY OF FILING PRINTED NAME AND TITLE Alicia Meza, Deputy Clerk
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