DFVV 753.5a (REV. 01/01/22) Previously DFG 753.5a		Print		StartOver	Sav	e
		RECEIPT N	UMB	ER:		
			21 — 09/26/2022 — 210			
				INGHOUSE NUMBER (If applicable)		
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.		20220	701	130		
ROSS VALLEY SANITARY DISTRICT				09/26/2022		
COUNTY/STATE AGENCY OF FILING				DOCUMENT NUMBER		
Marin						
PROJECT TITLE						
FY 22/23 GRAVITY SEWER IMPROVEME						
PROJECT APPLICANT NAME PROJECT APPLICANT EN			- 1	PHONE NUMBER		
ROSS VALLEY SANITARY DISTRICT				(415)259-	2949	
PROJECT APPLICANT ADDRESS CIT		STATE		ZIP CODE		
	AN RAFAEL	CA		94901		
PROJECT APPLICANT (Check appropriate box) Local Public Agency School District V Other	ner Special District	☐ Staf	te Age	ency	Private	Entity
CHECK APPLICABLE FEES:						
☐ Environmental Impact Report (EIR)	9	3,539.25	\$_			0.00
Mitigated/Negative Declaration (MND)(ND)	\$	2,548.00	\$_		2	,548.00
☐ Certified Regulatory Program (CRP) document - payment due directly	y to CDFW	1,203.25	\$_			0.00
 □ 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 Con	trol Board only)	\$850.00	\$			0.00
✓ County documentary handling fee		***************************************	\$			50.00
☐ Other			\$_			
PAYMENT METHOD:						
☐ Cash ☐ Credit ☐ Check ☐ Other	TOTAL RECEIVED \$		\$_		2	,598.00
SIGNATURE AGENCY O	F FILING PRINTED NA	ME AND TIT	LE			
X Am Jan. MARIN	RIN DEPUTY CLERK: J GILARDI					