

State of California—Natural Resources Agency
 CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE
2024 ENVIRONMENTAL FILING FEE CASH RECEIPT

RECEIPT # 202407241240013
STATE CLEARING HOUSE # (If applicable) 2022100204

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY LOS ANGELES COUNTY PLANNING			DATE 07/24/2024
COUNTY/STATE AGENCY OF FILING COUNTY OF L.A.			DOCUMENT NUMBER 2024156034
PROJECT TITLE ROYAL VISTA RESIDENTIAL PROJECT			
PROJECT APPLICANT NAME MARIE PAVLOVIC			PHONE NUMBER (213)974-6433
PROJECT APPLICANT ADDRESS 320 W TEMPLE ST.	CITY LOS ANGELES	STATE CA	ZIP CODE 90012

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)	\$4,051.25	\$ <u>4,051.25</u>
<input type="checkbox"/> Negative Declaration (ND)(MND)	\$2,916.75	\$ <u>0.00</u>
<input type="checkbox"/> Application Fee Water Diversion (State Water Resources Control Board Only)	\$850.00	\$ <u>0.00</u>
<input type="checkbox"/> Projects Subject to Certified Regulatory Programs (GRP)	\$1,377.25	\$ <u>0.00</u>
<input checked="" type="checkbox"/> County Administrative Fee	\$50.00	\$ <u>75.00</u>
<input type="checkbox"/> Project that is exempt from fees		
<input type="checkbox"/> Notice of Exemption		
<input type="checkbox"/> CDFW No Effect Determination (Form Attached)		
<input type="checkbox"/> Other _____		\$ <u>0.00</u>

PAYMENT METHOD:

- Cash
 Credit
 Check
 Other _____
 \$ 4,126.25

SIGNATURE X 	TITLE ITC
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2024 204509

FILED
 Oct 01 2024

Dean C. Logan, Registrar - Recorder/County Clerk

Electronically signed by TINA TRAN

This is a true and certified copy of the record
if it bears the seal, imprinted in purple ink,
of the Registrar-Recorder/County Clerk

OCT 01 2024

Deane C. Lozin REGISTRAR-RECORDER/COUNTY CLERK
LOS ANGELES COUNTY, CALIFORNIA



State of California—Natural Resources Agency
 CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE
2024 ENVIRONMENTAL FILING FEE CASH RECEIPT

RECEIPT # 202410011240024
STATE CLEARING HOUSE # (If applicable) 2022100204

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY LOS ANGELES COUNTY PLANNING			DATE 10/01/2024
COUNTY/STATE AGENCY OF FILING LACC			DOCUMENT NUMBER 2024204509
PROJECT TITLE ROYAL VISTA RESIDENTAL PROJECT			
PROJECT APPLICANT NAME MARIE PAVLOVIC			PHONE NUMBER
PROJECT APPLICANT ADDRESS 320 W. TEMPLE STREET	CITY LOS ANGELES	STATE CA	ZIP CODE 90012

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) | \$4,051.25 | \$ | <u>0.00</u> |
| <input type="checkbox"/> Negative Declaration (ND)(MND) | \$2,916.75 | \$ | <u>0.00</u> |
| <input type="checkbox"/> Application Fee Water Diversion (State Water Resources Control Board Only) | \$850.00 | \$ | <u>0.00</u> |
| <input type="checkbox"/> Projects Subject to Certified Regulatory Programs (CRP) | \$1,377.25 | \$ | <u>0.00</u> |
| <input checked="" type="checkbox"/> County Administrative Fee | \$50.00 | \$ | <u>75.00</u> |
| <input type="checkbox"/> Project that is exempt from fees | | | |
| <input type="checkbox"/> Notice of Exemption | | | |
| <input type="checkbox"/> CDFW No Effect Determination (Form Attached) | | | |
| <input type="checkbox"/> Other _____ | | \$ | <u>0.00</u> |

PAYMENT METHOD:

- Cash
 Credit
 Check
 Other _____
 \$ 75.00

SIGNATURE X 	TITLE ITC
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