



State of California - Department of Fish and Wildlife
2022 ENVIRONMENTAL DOCUMENT FILING FEE
CASH RECEIPT
 DFW 753.5a (REV. 01/01/22) Previously DFG 753.5a

Print **StartOver** **Save**

RECEIPT NUMBER:
 48 — 12/22/2022 — 233
 STATE CLEARINGHOUSE NUMBER *(if applicable)*

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

| | | |
|---|--|---------------------------|
| LEAD AGENCY CITY OF VALLEJO | LEAD AGENCY EMAIL | DATE 12/22/2022 |
| COUNTY/STATE AGENCY OF FILING Solano | DOCUMENT NUMBER 12222022-233 | |

PROJECT TITLE

LEASE BY AND BETWEEN THE CITY OF VALLEJO AND YOCHA DEHE WINTUN NATION 285 MARE ISLAND WAY, VALLEJO, CALIFORNIA

| | | |
|--|-------------------------|---------------------------------------|
| PROJECT APPLICANT NAME CITY OF VALLEJO | PROJECT APPLICANT EMAIL | PHONE NUMBER (707) 648-4163 |
| PROJECT APPLICANT ADDRESS 555 SANTA CLARA STREET | CITY VALLEJO | STATE CA |
| | | ZIP CODE 94590 |

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) | \$3,539.25 | \$ | 0.00 |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND) | \$2,548.00 | \$ | 0.00 |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,203.25 | \$ | 0.00 |
| | | | |
| <input checked="" type="checkbox"/> Exempt from fee | | | |
| <input checked="" 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 |
| <input checked="" type="checkbox"/> County documentary handling fee | | \$ | 50.00 |
| <input type="checkbox"/> Other | | \$ | 0.00 |

PAYMENT METHOD:

- Cash
 Credit
 Check
 Other
 TOTAL RECEIVED
 \$ 50.00

| | |
|---------------|---|
| SIGNATURE | AGENCY OF FILING PRINTED NAME AND TITLE AIMEE JOHNSON, DEPUTY |
|---------------|---|

Check Number: 466
 Receipt Number: 1066582