CASH RECEIP				
DFW 753.5a (REV. 01/01/24) Previously DFG 753.5a		Print	Start	Over
		RECEIPT N	IUMBER:	
		36 0	3112024	174
		STATE CLE	ARINGHOUS	SE NUMBER (If applicable)
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.				
	LEADAGENCY EMAIL		DATE	
City of San Bernardino	ED DAOCHOT EMAIL			2024
COUNTY/STATE AGENCY OF FILING				IENT NUMBER
San Bernardino			2000	,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PROJECT TITLE				
THOUSE THEE				
Subdivision 24-01 and Administrative Developn	nent Permit 23-008	3		
PROJECT APPLICANT NAME	PROJECT APPLICANT E		PHONE	NUMBER
Lutheran Social Services of Southern California			(909)	384-7267
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CO	
1800 S. Catalina St.	Los Angeles	CA	9000	6
PROJECT APPLICANT (Check appropriate box)	1200 / trigores		10000	
✓ Local Public Agency School District	Other Special District	☐ Sta	te Agency	Private Entity
topical to				
CHECK APPLICABLE FEES:				
☐ Environmental Impact Report (EIR)		\$4,051.25	\$	0.00
☐ Mitigated/Negative Declaration (MND)(ND)		\$2,916.75	\$	0.00
☐ Certified Regulatory Program (CRP) document - payment due of	directly to CDFW	\$1,377.25	\$	0.00
☐ Exempt from fee				
Notice of Exemption (attach)				
☐ CDFW No Effect Determination (attach)				
☐ Fee previously paid (attach previously issued cash receipt copy	<i>'</i>)			
				0.00
☐ Water Right Application or Petition Fee (State Water Resources	s Control Board only)	\$850.00	\$	0.00
County documentary handling fee			\$	50.00
☐ Other			\$	
PAYMENT METHOD: #116				
☐ Cash ☐ Credit ☑ Check ☐ Other	TOTAL	RECEIVED	\$	50.00
SIGNATURE AGEN	ICY OF FILING PRINTED I	NAME AND TIT	rle -	
X Mu Jes	sica Ruiz, Deputy	Clerk		
	a, Dopaty			

COPY - COUNTY CLERK

ORIGINAL - PROJECT APPLICANT

To:	Office of Planning and Research P.O. Box 3044, Room 113	From: (Public Agency): City of San Bernardino Community & Economic Development			
	Sacramento, CA 95812-3044	200 N. D Street, San Bernardino, CA 92401			
	County Clerk County of: San Bernardino Hall of Records, 222 W Hospitality Lane San Bernardino, CA 92415	(Address)			
Proje	ect Title: Subdivision 24-01 and Adm	ninistrative Development Permit 23-008			
⊃roje	ect Applicant: Lutheran Social Service	es of Southern California			
⊃roi∈	ect Location - Specific:				
-	•	92405 [APN 0145-193-07, 08, 10, and 22]			
>roje	ect Location - City: San Bernardino	Project Location - County: San Bernardino			
The parce sq. fl	el containing approximately 2.80 acres and Adminis community support building, a 14,154 sq. ft. interi	of Project: arcel Map 20839) allowing the consolidation of eight parcels into one strative Development Permit 23-008 for the development of a 19,312 m housing building consisting of 140 individual units, and a 3,000 xisting 75 bed emergency shelter and 6,384 sq. ft. medical clinic.			
Nam	e of Public Agency Approving Project: City o	of San Bernardino, Community & Economic Development			
Vam	e of Person or Agency Carrying Out Project:	Lutheran Social Services of Southern California, 1800 S. Catalina St., Los Angeles, CA 90006			
Exer ((npt Status: (check one): ☐ Ministerial (Sec. 21080(b)(1); 15268); ☐ Declared Emergency (Sec. 21080(b)(3); ☐ Emergency Project (Sec. 21080(b)(4); 15	15269(a));			
	☐ Categorical Exemption. State type and see Statutory Exemptions. State code number	ection number:			
Reas The C exists decla home the in	sons why project is exempt: City adopted Resolution No. 2023-028, declaring a Homelow Within the City, and given the magnitude of the homeless red emergency pursuant to Public Resources Code Sectivelessness crisis currently exists and lengthy environmenta terim housing of 140 individuals. The Project also qualify	essness State of Emergency within the City. Because a State of Emergency sness and related shelter crisis, the Project is necessary to mitigate the on 21080(b)(4) and State CEQA Guidelines Section 15269. The I review would create a risk to public health, safety and welfare by preventing ing the project as a Low Barrier Navigation Center and Supportive Housing at to Government Code Sections 65660 and 65651 respectively.			
	Agency act Person: Cassandra Searcy	Area Code/Telephone/Extension: 909/384-7267			
	ed by applicant: 1. Attach certified document of exemption fine 2. Has a Notice of Exemption been filed by the				
Sign	ature: Michael Rosales	Date: 2.28.24 Title: Senior Planner			
	■ Signed by Lead Agency Signed b	y Applicant			
	ty cited: Sections 21083 and 21110, Public Resource nce: Sections 21108, 21152, and 21152.1, Public Re				
	DATE EII ED Ø BOSTED				

Posted On: 2

Removed On: 7/25/2

Receipt No: 36-03 112029 - 174

DATE	INVOICE NO.	COMMENT	AMOUNT	NET AMOUNT
03/10/2024 SNOSIANE THE THE SNOSIANE HIS HOUNG THE	2024 MAR II PM 2: 55 COUNTY OF SAMPERNARDING CALIFORNA	LSSSC CWC - Recording Fee	, and only	50.00
DATE 03/11/	/24	VENDOR San Bernardino, County of, Recorder	TOTAL	50.00