



State of California - Department of Fish and Wildlife
2025 ENVIRONMENTAL DOCUMENT FILING FEE
CASH RECEIPT
 DFW 753.5a (REV. 01/01/25) Previously DFG 753.5a

Print **StartOver** **Save**

RECEIPT NUMBER:
 36 — 01172025 — 018
 STATE CLEARINGHOUSE NUMBER (If applicable)
 N/A

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY San Bernardino County Project and Facilities Management Department	LEAD AGENCY EMAIL	DATE 01172025
COUNTY/STATE AGENCY OF FILING San Bernardino	DOCUMENT NUMBER	

PROJECT TITLE
Apple Valley Airport Taxiway Rehab

PROJECT APPLICANT NAME County Service Area 60-Apple Valley Airport Project and Facilities Management Department	PROJECT APPLICANT EMAIL	PHONE NUMBER (909) 387-5000
PROJECT APPLICANT ADDRESS 620 South E Street	CITY San Bernardino	STATE CA
		ZIP CODE 92415-0180

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)	\$4,123.50	\$	<u>0.00</u>
<input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)	\$2,968.75	\$	<u>0.00</u>
<input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW	\$1,401.75	\$	<u>0.00</u>
<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)			
<hr/>			
<input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only)	\$850.00	\$	<u>0.00</u>
<input checked="" type="checkbox"/> County documentary handling fee		\$	<u>50.00</u>
<input type="checkbox"/> Other		\$	<u> </u>

PAYMENT METHOD:

Cash Credit Check Other **SAP**

TOTAL RECEIVED \$ 50.00

SIGNATURE X Debra LuBrant-Contreras	AGENCY OF FILING PRINTED NAME AND TITLE Debra LuBrant-Contreras, Deputy Clerk
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