



		Print	StartOver Finalize&	Email
		RECEIPT NUMBER:		
		59 — 05/08/201 — 058		
		STATE CLEAR	RINGHOUSE NUMBER (if applic	able)
SEEINSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.		2018072	2022	
LEAD AGENCY	LEADAGENCY EMAIL		DATE	
Department of Corrections and Rehabilitation			05/08/2019	
COUNTY/STATE AGENCY OF FILING	****		DOCUMENT NUMBER	
OPR/SCH				
PROJECT TITLE		3-7.		
California Institution for Men Mental Health Cris	sis Facility			
PROJECT APPLICANT NAME	PROJECT APPLICANT E	MAIL	PHONE NUMBER	- 0
Robert Sleppy	91		(916) 255-1141	
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE	
9838 Old Placerville Road Suite B	Sacramento	Ca	95827	
PROJECT APPLICANT (Check appropriate box)	_		_	
Local Public Agency School District	Other Special District	✓ State	Agency Private Er	tity
CHECK APPLICABLE FEES:				
☑ Environmental Impact Report (EIR)		\$3,271.00	s 3,2	71.00
☐ Mitigated/Negative Declaration (MND)(ND)		\$2,354.75	\$	0.00
☐ Certified Regulatory Program (CRP) document - payment due directly to CDFW \$1,112.00 \$			\$	0.00
Exempt from fee				
□ Notice of Exemption (attach)				
CDFW No Effect Determination (attach)				
Fee previously paid (attach previously issued cash receipt copy	y)			
☐ Water Right Application or Petition Fee (State Water Resources Control Board only) \$850.00 \$				0.00
County documentary handling fee	s Control Board only/	\$850.00 \$	<u> </u>	
Other		\$		
PAYMENT METHOD:		•	2	8
☐ Cash ☐ Credit ☐ Check ☐ Other	TOTAL F	RECEIVED \$	3,27	71.00
SIGNATURE / AGEN	NCY OF FILING PRINTED N	AME AND TITL	E	
X Joh	nny Huynh			