

State of California—Natural Resources Agency
 CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE
2019 ENVIRONMENTAL FILING FEE CASH RECEIPT

RECEIPT # 201911061240020
STATE CLEARING HOUSE # (If applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY

LEAD AGENCY CITY OF WEST COVINA			DATE 11/06/2019
COUNTY/STATE AGENCY OF FILING L.A.C.C.			DOCUMENT NUMBER 2019293160
PROJECT TITLE QUEEN OF THE VALLEY HOSPITAL SPECIFIC PLAN PROGRAMMATIC ENVIRONMENTAL IMPACT REPORT			
PROJECT APPLICANT NAME JEFF ANDERSON			PHONE NUMBER (626)939-8423
PROJECT APPLICANT ADDRESS 1444 W. GARVEY AVE SOUTH	CITY WEST COVINA	STATE CA	ZIP CODE 91790

PROJECT APPLICANT (Check appropriate box):

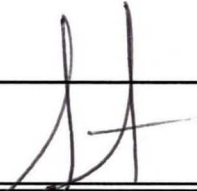
- Local Public Agency
 School District
 Other Special District
 State Agency
 Private Entity

CHECK APPLICABLE FEES:

<input checked="" type="checkbox"/> Environmental Impact Report (EIR)	\$3,271.00	\$ 3,271.00
<input type="checkbox"/> Negative Declaration (ND)(MND)	\$2,354.75	\$ 0.00
<input type="checkbox"/> Application Fee Water Diversion (State Water Resources Control Board Only)	\$850.00	\$ 0.00
<input type="checkbox"/> Projects Subject to Certified Regulatory Programs (CRP)	\$1,112.00	\$ 0.00
<input checked="" type="checkbox"/> County Administrative Fee	\$50.00	\$ 75.00
<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 _____		\$ 0.00

PAYMENT METHOD:

- Cash
 Credit
 Check
 Other _____
 \$ 3,346.00

SIGNATURE X 	TITLE ITC
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