







RECEIPT NUMBER: 3853547

STATE CLEARINGHOUSE NUMBER (If applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.				
LEAD AGENCY	LEADAGENCY EMAIL		DATE	
CITY OF SAN RAMON			08/07/2020	
COUNTY/STATE AGENCY OF FILING	0.0		DOCUMENT NUMBI	ER
CONTRA COSTA COUNTY			2020-00750	
PROJECT TITLE				
CITYWALK MASTER PLAN				
PROJECT APPLICANT NAME	E PROJECT APPLICANT EMAIL		PHONE NUMBER	
SUNSET DEVELOPMENT			(925) 380-9420	× .
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE	
2600 CAMINO RAMON, #201	SAN RAMON	CA	94583	
PROJECT APPLICANT (Check appropriate box)			,	
□ Local Public Agency □ School District □	Other Special District	State Ac	gency P	rivate Entity
	*			
CHECK APPLICABLE FEES:		040.05		0.040.05
Environmental Impact Report (EIR)				
☐ Mitigated/Negative Declaration (MND)(ND)				
☐ Certified Regulatory Program (CRP) document - payment due d	irectly to CDFW \$ 1	,136.50 \$		
☐ Exempt from fee				
Notice of Exemption (attach)				
CDFW No Effect Determination (attach)				
Fee previously paid (attach previously issued cash receipt copy)				
The previously paid (attack) previously issued dash receipt copy.				
☐ Water Right Application or Petition Fee (State Water Resources	Control Board only)	850 00/\$		
County documentary handling fee	S			
□ Other	*	\$		
PAYMENT METHOD:				
☐ Cash ☐ Credit ☑ Check ☐ Other 197/198	TOTAL RECE	EIVED \$		3,393.25
,				
SIGNATURE	CY OF FILING PRINTED NAME	AND TITLE		
X Obraff i	graff Deputy Clerk			