Chk # 04-095860

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		Pr	int	StartOver	Finalize&Email	
	RECEIPT NUM			1BER:		
			59 — 12/17/19 — 154			
					MBER (If applicable)	
OFF INCTRUCTIONS ON DEVERSE. TWO OR PRINT OF FARM			2019109039			
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY. LEAD AGENCY	LEADAGENCY EMAIL			DATE		
California Dept. of Transportation			12/17/19			
COUNTY/STATE AGENCY OF FILING			DOCUMENT NUMBER			
OPR/SCH						
PROJECT TITLE						
SBD 15 Construct New Weigh Scale and Truck	Inspection Facility	(EA 0	8-1H3	90)		
PROJECT APPLICANT NAME	PROJECT APPLICANT E	MAIL		PHONE NUMBER		
Shawn Oriaz				(909) 388	-7034	
PROJECT APPLICANT ADDRESS	CITY	STA	TE	ZIP CODE		
464 West Fourth Street, 6th Floor, MS 827	San Bernardino	CA	١	92401		
PROJECT APPLICANT (Check appropriate box)	1					
Local Public Agency School District	Other Special District	✓	State A	gency	Private Entity	
CHECK APPLICABLE FEES:					0.00	
☐ Environmental Impact Report (EIR)		\$3,271.00				
✓ Mitigated/Negative Declaration (MND)(ND)						
☐ 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	v)					
☐ Water Right Application or Petition Fee (State Water Resource	s Control Board only)	\$850.00	\$		0.00	
☐ County documentary handling fee			\$			
☐ Other			\$			
PAYMENT METHOD:						
☐ Cash ☐ Credit ☑ Check ☐ Other	TOTAL F	RECEIVED	\$		2,354.75	
SIGNATURE AGEN	NCY OF FILING PRINTED N	IAME AND	TITLE			
Digitally signed by Charissa Charissa Martinez Martinez						
Date: 2019 12 17 12:13:56 -08'00'	arissa Martinez CE	OA An	alvst			

ORIGINAL - PROJECT APPLICANT COPY - CDFW/ASB COPY - LEAD AGENCY COPY - COUNTY CLERK DFW 753.5a (Rev. 12012018)