01769862

			Print	StartOver	Save	
	RECEIPT NUM			BER:		
	59 — 10/1/2			2021 — 112		
		STATE CLEARINGHOUS				
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.			20029			
LEAD AGENCY	LEADAGENCY EMAIL			DATE	×	
IC Santa Cruz				10/1/20	10/1/2021	
COUNTY/STATE AGENCY OF FILING			DOCUMENT NUMBER			
OPR/SCH 🔻						
PROJECT TITLE						
UC Santa Cruz Long Range Developme	nt Plan project applicant ei	MAIL		PHONE NUMI	BER	
Brian Harrington				(510) 587	-6116	
PROJECT APPLICANT ADDRESS	CITY	S	TATE	ZIP CODE		
1111 Franklin Street	Oakland	C	CA	94607		
PROJECT APPLICANT (Check appropriate box)	Ser Province Course Ver-40a			Care Market Belling		
Local Public Agency School District	Other Special District	State Age		ency	Private Entity	
CHECK APPLICABLE FEES:						
☑ Environmental Impact Report (EIR)	1 1	\$3,445	5.25 \$		3,445.25	
☐ Mitigated/Negative Declaration (MND)(ND)	5	\$2,480			1927 (2802)	
☐ Certified Regulatory Program (CRP) document - payment due d	irectly to CDFW	\$1,171	.25 \$ _		0.00	
☐ Exempt from fee			223		4	
☐ Notice of Exemption (attach)						
☐ CDFW No Effect Determination (attach)						
☐ Fee previously paid (attach previously issued cash receipt copy))					
☐ Water Right Application or Petition Fee (State Water Resources	Control Board only)	\$850	0.00 \$ _		0.00	
☐ County documentary handling fee			\$			
Other			\$_			
PAYMENT METHOD:						
☐ Cash ☐ Credit ☑ Check ☐ Other	TOTAL R	ECEIV	'ED \$ _		3,445.25	
AGENCY OF FILING PRINTED NAME AND TITLE						
Christine Rodriguez, Manager						