		Pr	int	StartOver	Finalize&Email	
		RECEIF	PT NUME	BER:		
		59 —	59 — 10/30/2020 — 140			
		STATE	CLEARIN	NGHOUSE NU	MBER (If applicable)	
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.			2020039034			
LEAD AGENCY	LEADAGENCY EMAIL	I		DATE		
Caltrans				10/30/2020		
COUNTY/STATE AGENCY OF FILING				DOCUMENT	NUMBER	
OPR/SCH						
PROJECT TITLE				1		
SR-79 Construct Shoulders and Rumble Strip	ps Project					
PROJECT APPLICANT NAME PROJECT APPLICANT				PHONE NUM		
Caltrans District 8	renetta.cloud@d	dot.ca.g	OV	(909) 383	-6323	
PROJECT APPLICANT ADDRESS	CITY	STA	TE	ZIP CODE		
464 W. 4th Street	San Bernardino	CA	١	92410		
PROJECT APPLICANT (Check appropriate box)						
☐ Local Public Agency ☐ School District ☐ Other Special District		✓ State A		gency	Private Entity	
CUEOK APPLICADI E EFFO.						
CHECK APPLICABLE FEES: Environmental Impact Report (EIR)		\$3,343.25	: ¢		0.00	
✓ Mitigated/Negative Declaration (MND)(ND)		\$2,406.75				
☐ Certified Regulatory Program (CRP) document - payment due directly to CDFW		\$1,136.50			0.00	
Octanica regulatory i regiani (Ora) decament - payment at	de directly to ODI W	ψ1,130.30	, ψ.			
☐ Exempt from fee						
☐ Notice of Exemption (attach)						
☐ CDFW No Effect Determination (attach)						
☐ Fee previously paid (attach previously issued cash receipt c	сору)					
					0.00	
☐ Water Right Application or Petition Fee (State Water Resources Control Board only)☐ County documentary handling fee			\$		0.00	
			\$			
☐ Other			\$			
PAYMENT METHOD:					2 406 75	
☐ Cash ☐ Credit ☑ Check ☐ Other	TOTAL	TOTAL RECEIVED \$			2,406.75	
	SENCY OF FILING PRINTED	NAME AND	TITLE			
Meng Heu Date: 2020.10.30 13:41:51						
X Weng Heu Date: 2020.10.30 13:41.51 State Clearinghouse						

ORIGINAL - PROJECT APPLICANT COPY - CDFW/ASB COPY - LEAD AGENCY COPY - COUNTY CLERK DFW 753.5a (Rev. 12012019)