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	[i	RECEIPT NUMBER:		
		59 — 11/	/12/2020 —	<b>–</b> 147
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SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.		202006	1	
LEAD AGENCY	LEADAGENCY EMAIL		DATE	
Caltrans, Dist. 8		11/12/2020		2020
COUNTY/STATE AGENCY OF FILING			DOCUMEN	T NUMBER
OPR/SCH ▼				
PROJECT TITLE				
State Route 18 Culvert Replacements				45
PROJECT APPLICANT NAME	PROJECT APPLICANT EMA	VII.	PHONE NU	IMRED
	The second control of		(909) 501-5743	
Shawn Oriaz	shawn.oriaz@do			J1-5/43
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE	
464 W. 4th Street MS 827	San Bernardino,	CA	92401	
PROJECT APPLICANT (Check appropriate box)				
Local Public Agency School District	Other Special District	✓ State	Agency	Private Entity
CHECK APPLICABLE FEES:				0.00
☐ Environmental Impact Report (EIR)	\$3	3,343.25	\$	
✓ Mitigated/Negative Declaration (MND)(ND)	\$2	2,406.75	\$	
☐ Certified Regulatory Program (CRP) document - payment due of	directly to CDFW \$1	,136.50	\$	0.00
☐ Exempt from fee				
□ Notice of Exemption (attach)				
☐ CDFW No Effect Determination (attach)				
☐ Fee previously paid (attach previously issued cash receipt copy	/)			
2 Albert Bertrick (1994) State	**************************************			
☐ Water Right Application or Petition Fee (State Water Resources	s Control Board only)	\$850.00 \$	5	0.00
☐ County documentary handling fee	***	9		
☐ Other		9	· ·	
PAYMENT METHOD:		34	1	
	TOTAL RE	CEIVED S		2,406.75
☐ Cash ☐ Credit ☑ Check ☐ Other	TOTAL RE	CEIVED	2	
SIGNATURE	ICY OF FILING PRINTED NAM	ME AND TITL	E	
X ( ) Chr	ristine Rodriguez,	SCH M	lanager	