		Prin	t	StartOvo	Save	
	RECEIPT NO		NUM	MBER:		
14 — 05			05/0	5/08/2023 — 15		
		STATE CLEARINGHOUSE NUMBER (If applicable)				
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.				T		
INYO COUNTY PLANNING DEPARTMENT	LEADAGENCY EMAIL -			05/08/2023		
COUNTY/STATE AGENCY OF FILING				DOCUMENT	NUMBER	
Inyo				23-017		
PROJECT TITLE GENERAL PLAN AMENDMENT 2023-01 AND ZONE F AND HOUSING OPPORTUNITY	RECLASSIFICATIO	N 2023-01/	INYO	COUNTY	- VACANT LAND	
PROJECT APPLICANT NAME PROJECT APPLICA		ΓEMAIL		PHONE NUMBER		
INYO COUNTY	_			(760) 878-0447		
PROJECT APPLICANT ADDRESS	CITY	STATE		ZIP CODE		
PO DRAWER L	INDEPENDENCE	CA		93526		
PROJECT APPLICANT (Check appropriate box)						
✓ Local Public Agency School District	Other Special District	☐ si	tate Ag	ency	Private Entity	
CHECK APPLICABLE FEES:				4		
☑ Environmental Impact Report (EIR)		\$3,839.25	\$ _		3,839.25	
☐ Mitigated/Negative Declaration (MND)(ND)		\$2,764.00	\$_		0.00	
☐ Certified Regulatory Program (CRP) document - payment due directly to CDFW		\$1,305.25			0.00	
 □ Exempt from fee □ 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 of County documentary handling fee □ Other 	Control Board only)	\$850.00	\$ _ \$ _ \$ _		0.00	
PAYMENT METHOD:					0.000.05	
☐ Cash ☐ Credit ☐ Check ☑ Other	TOTAL	RECEIVED	\$ _		3,839.25	
"Com Do	Y OF FILING PRINTED I a Delgado Botello, [ITLE			