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AC RECEIPT #: 3336778

RECEIPT NUMBER: 01-10/07/2022-307

		STATE CLEARINGHOUSE NUMBER (If applicable) 2021010214			
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY. LEAD AGENCY	LEADAGENCY EMAIL		DATE		
CALTRANS, DISTRICT 4			10/07	7/2022	
COUNTY/STATE AGENCY OF FILING				DOCUMENT NUMBER	
ALAMEDA			22 - 307		
PROJECT TITLE					
INTERSTATE 880 INTERCHANGE IMPROVEI PARKWAY SOUTHV	MENTS PROJECT V	/HIPPLE F	ROAD-INDL	JSTRIAL	
PROJECT APPLICANT NAME	PROJECT APPLICANT E	ROJECT APPLICANT EMAIL		PHONE NUMBER	
CHARLES WINTER			(510) 8	47-3752	
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE		
P.O. BOX 23660, MS-8B	OAKLAND	CA	94623		
PROJECT APPLICANT (Check appropriate box)					
Local Public Agency School District	✓ Other Special District	☐ Star	te Agency	Private Entity	
CHECK APPLICABLE FEES:  Environmental Impact Report (EIR)  Mitigated/Negative Declaration (MND)(ND)  Certified Regulatory Program (CRP) document - payment dur	e directly to CDFW	\$3,539.25 \$2,548.00 \$1,203.25	\$ \$ \$	2,548.00	
<ul> <li>□ Exempt from fee</li> <li>□ Notice of Exemption (attach)</li> <li>□ CDFW No Effect Determination (attach)</li> <li>□ Fee previously paid (attach previously issued cash receipt company to the company of th</li></ul>	ppy)				
☐ Water Right Application or Petition Fee (State Water Resource	ces Control Board only)	\$850.00	\$	0.00	
✓ County documentary handling fee	•		\$	50.00	
Other			\$		
PAYMENT METHOD:				200 STANDER TO BENEVIOUS	
☐ Cash ☐ Credit ☐ Check ☐ Other	TOTAL	RECEIVED	\$	2,598.00	
SIGNATURE AGI	ENCY OF FILING PRINTED N	NAME AND TIT	LE		
v * //	T.CLAFTON, DEPUTY CLERK				