		49-0929	RECEIPT NUMBER: 49-09292021-407	
		STATE CLEARINGHOUSE NUMBER (If app/lcsble) SCH2021060662		
SEBNSTRUCTIONS ON REVERSE. TYPE OR PR NT CLEARLY. LEAD AGENCY CITY OF COTATI	LEADAGENCY EMAIL		DATE 09/29/2021	
COUNTY/STATE AGENCY OF FLING SONOMA			DOCUMENT NUMBER 21-0929-01	
PROJECT TITLE SANDELL DISTRIBUTION WAREHOUSE			_ 1	
PROJECT APPLICANT NAME SANDELL HOLDINGS LLC	PROJECT APPLICANT E	MAIL	PHONE NUMBER (707)796-7373	
PROJECTAPPLICANT ADDRESS 3348 PARADISE DR	CITY TIBURON	STATE CA	ZIPCODE 94920	
PROJECT APPLCANT (Check appropriate box)			Ι	
O Local Public Agency OSchool District	0Other Special District	0Stale	Agency Private Entity	
CHECK APPLICABLE FEES: O Environmentalmpact Report (EIR) @ Mitigated/Negative Declaration (MND)(NO) O Certified RegulatoryProgram (CRP) document-payment due	:	\$3,44 <i>5</i> 25 \$2,480.25 \$1,171.25	\$`\$2,480.25 \$	
 0 Exemptfrom fee O Nollce of Exemption (attaclh) 0 CDFW No Effect Determination (attach) 0 Fee previously paid (attach previouslyssued cash receipt copy))			
0 Water Right Application or Petition Fee (State Waler Resource 2! County documentary handlingfee 0 Other	es ControlBoard only)	\$850.00 \$ \$ \$		
AYMENT METHOD: O Cash O Credit KI Check O Other	TOTAL RE		\$2 530 25	
GEI	NCY OF EING PRINTED NAME	EANDTITLE		
SIGNATURE	rie Anderson, Deputy Co		-Recorder	
X Candina Carr	rie Anderson, Deputy Co	ounty Clerk-	-Recorder	