| SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY. | | RECEIPT NUMBER: 0901022025-001 | | | |
|--|------------------------|---|----------------|-------------------|--|
| | | STATE CLEARINGHOUSE NUMBER (If applicable) 2024060865 | | | |
| LEAD AGENCY | LEADAGENCY EMAIL | | D. | ATE | |
| EL DORADO COUNTY BUILDING & robert.peters@edcg | | jov.us | | 1/02/2025 | |
| COUNTY/STATE AGENCY OF FILING | | | D | OCUMENT NUMBER | |
| EL DORADO | | | FW2025-0001 | | |
| PROJECT TITLE | | | | | |
| COMMERCIAL CANNABIS USE PERMIT CCUP21-000 | 8/ARCHON | | | | |
| PROJECT APPLICANT NAME PROJECT APPLICANT | | EMAIL | | PHONE NUMBER | |
| COUNTY OF EL DORADO robert.peter | | dcgov.us | | (530)621-6644 | |
| PROJECT APPLICANT ADDRESS | CITY | STATE | ZI | P CODE | |
| COUNTY OF EL DORADO COMMUNITY PLACERV | | CA | | 95667 | |
| PROJECT APPLICANT (Check appropriate box) X Local Public Agency School District | Other Special District | ☐ Sta | ate Agen | cy Private Entity | |
| CHECK APPLICABLE FEES: ☐ Environmental Impact Report (EIR) ☑ Mitigated/Negative Declaration (MND)(ND) ☐ Certified Regulatory Program (CRP) document - payment due directly to CDFW | | \$4,123.50 \$2,968.75 \$1,401.75 | | \$2,968.75 | |
| □ 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 Control Board only) □ County documentary handling fee □ Other | | \$850.00 | \$ \$ \$ | \$50.00 | |
| PAYMENT METHOD: ☐ Cash ☐ Credit ☑ Check ☐ Other | TOTAL R | ECEIVED | \$ | \$3,018.75 | |
| ~ 1.00 | CY OF FILING PRINTED N | | | Dpty | |