		RECEIPT NUMBER:	
		0901072	022-003
		STATE CLEARI	NGHOUSE NUMBER (If applicable)
SEEINSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.			
LEAD AGENCY	LEADAGENCY EMAIL		DATE
EL DORADO CO PLANNING & BUILDING	AARON.MOUNT@E	DCGOV	01/07/2022
COUNTY/STATE AGENCY OF FILING			DOCUMENT NUMBER
EL DORADO PROJECT TITLE			FW2022-0003
THOSE OF THEE			
CCUP19-0001 FOOTHILL HEALTH & WELLNESS			
PROJECT APPLICANT NAME PROJECT APPLICANT EMAIL		AIL	PHONE NUMBER
ADAM BERK	ADAM@STEMHOLDINGS.		(530) 621-5345
PROJECTAPPLICANT ADDRESS	CITY	STATE	ZIP CODE
2850 FAIRLANE COURT	PLACERVILLE	CA	95667
PROJECT APPLICANT (Check appropriate box)			
∑ Local Public Agency	Other Special District	State A	gency Private Entity
			,
CHECK APPLICABLE FEES:			
☐ Environmental Impact Report (EIR)	\$:		
☐ Miligated/Negative Declaration (MND)(ND) \$2,4		2,406.75 \$	
☐ Certified Regulatory Program (CRP) document - payment due d	irectly to CDFW \$1	1,136.50 \$_	
Notice of Exemption (attach)			
CDFW No Effect Determination (allach)			
Fee previously paid (attach previously issued cash receipt copy)		is.	

☐ Water Right Application or Petition Fee (State Water Resources Control Board only) \$850.00		\$850.00 \$ _	A 50.00
○ County documentary handling fee		\$ _	\$50.00
☐ Other		\$_	
PAYMENT METHOD:			A 55.44
☐ Cash ☐ Credit 🖾 Check ☐ Other	TOTAL RE	CEIVED \$ _	\$50.00
SIGNATURE AGENCY OF FILING PRINTED NAME AND TITLE			
X Janelle K. Horne Recorder-Clerk, by Samantha Hicks, Dpty			
Tauran Ti			