	lī.	RECEIPT NUME	ICB:	
5.179.3.50.001			911232021-099	
	-		NGHOUSE NUMBER (If applicable)	
		JIAIL OLLAN	TO TO OCE HOMBER (II appropries)	
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY. LEAD AGENCY	LEADAGENCY EMAIL		DATE	
			Andrew Allendary	
COUNTY OF EL DORADO COMMUNITY bret.sampson@edcgov.us			11/23/2021	
COUNTY/STATE AGENCY OF FILING			DOCUMENT NUMBER	
EL DORADO			FW2021-0099	
PROJECT TITLE				
THE CROSSINGS SIGN PROGRAM/PD-R20-00	001			
PROJECT APPLICANT NAME	PROJECT APPLICANT EMAIL		PHONE NUMBER	
BRET SAMPSON	bret.sampson@edcgov.us		(530) 621-5301	
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE	
2850 FAIRLANE COURT	PLACERVILLE	CA	95667	
PROJECT APPLICANT (Check appropriate box)	TO TO THE TOTAL THE TANK THE T	1,011	2000	
X Local Public Agency School District [Other Special District	State A	gency Private Entity	
<u> </u>				
CHECK APPLICABLE FEES:				
☐ Environmental Impact Report (EIR)	\$3	,343.25 \$		
☐ Mitigated/Negative Declaration (MND)(ND)				
	PASS DEP PROGRAM ■ SURFACE CHARLES SURFACE SU			
Notice of Exemption (attach)				
CDFW No Effect Determination (attach)				
Fee previously paid (attach previously issued cash receipt copy	<i>'</i>)			
☐ Water Right Application or Petition Fee (State Water Resources	Control Board only)	\$ 00.00		
○ County documentary handling fee		\$	\$50.00	
☐ Other		\$		
PAYMENT METHOD:				
☐ Cash ☐ Credit 🖾 Check ☐ Other	TOTAL REC	CEIVED \$	\$50.00	
SIGNATURE	ICY OF FILING PRINTED NAM	E AND TITLE		
Janelle K. Horne Recorder-Clerk, by Samantha Hicks, Dpty				
Janelle K. Horne Recorder-Clerk, by Samantha Hicks, Dpty				