		RECEIPT NUMBER: 0905182023-045			
		STATE CLE	E CLEARINGHOUSE NUMBER (If applicable)		
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY. LEAD AGENCY	LEADAGENCY EMAIL	J	DATE	DATE	
COUNTY OF EL DORADO PLANNING &	aaron.mount@edcgov.us		05/18/2	05/18/2023	
COUNTY/STATE AGENCY OF FILING EL DORADO				DOCUMENT NUMBER FW2023-0045	
PROJECT TITLE	s de siones		1	in the community of the	
CCUP21-0005/NORCANNA DISTRIBUTION & DELIVE	RY				
PROJECT APPLICANT NAME PROJECT APPLICA		MAIL	PHONE	PHONE NUMBER	
NORCANNA INC	daniel.anonioroy.rossi@gmail.		(530) 63	(530) 621-5345	
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODI	E	
EL DORADO COUNTY PLANNING &	PLACERVILLE	CA	95667	95667	
PROJECT APPLICANT (Check appropriate box) X Local Public Agency School District	Other Special District	Sta	te Agency	Private Entity	
CHECK APPLICABLE FEES: Environmental Impact Report (EIR) Mitigated/Negative Declaration (MND)(ND) Certified Regulatory Program (CRP) document - payment due directly to CDFW			\$ \$ \$		
 Exempt from fee Notice of Exemption (attach) □ CDFW No Effect Determination (attach) □ Fee previously paid (attach previously issued cash receipt copposite to the composite of the composite of the copposite of the composite o	y)				
☐ Water Right Application or Petition Fee (State Water Resource	s Control Board only)	\$850.00	\$		
□ County documentary handling fee □ County documentary ha	e an antidopala anti-position.	45-200 C.T.	\$	\$50.00	
Other			\$		
PAYMENT METHOD:					
☐ Cash ☐ Credit ☐ Check ☐ Other	TOTAL I	RECEIVED	\$	\$50.00	
O 1. QA*	NCY OF FILING PRINTED N			Opty	

Telephone Number

Signed by Lead Agency
Signed by Applicant

FILED

Email Address

MAY 1 6 2023

JANELLEK. HORNE, Recorder-Clerk
By Saman &