

DOCKETED

Docket Number:	19-BSTD-06
Project Title:	Local Ordinances Exceeding the 2019 Energy Code
TN #:	233814-9
Document Title:	San Mateo County CEQA Receipt of Filing
Description:	CEQA Receipt of Filing for San Mateo County Local Ordinance No. 4824
Filer:	Danuta Drozdowicz
Organization:	San Mateo County
Submitter Role:	Public Agency
Submission Date:	7/8/2020 4:10:05 PM
Docketed Date:	7/8/2020



State of California - Department of Fish and Wildlife
2020 ENVIRONMENTAL FILING FEE CASH RECEIPT
 DFW 753.5a (REV. 12/01/19) Previously DFG 753.5a

Print **StartOver** **Finalize&Email**

RECEIPT NUMBER:
 41 — 03062019 — 1486
 STATE CLEARINGHOUSE NUMBER (If applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY SMC COUNTY MANAGERS OFFICE - OFFICE OF SUSTAINABILITY	LEAD AGENCY EMAIL	DATE 03062019
COUNTY/STATE AGENCY OF FILING San Mateo	DOCUMENT NUMBER 127811	

PROJECT TITLE
 AN ORDINANCE AMENDING TITLE 24 PART 6 ENERGY CODE AND PART 11 GREEN BUILDING CODE

PROJECT APPLICANT NAME	PROJECT APPLICANT EMAIL	PHONE NUMBER ()
PROJECT APPLICANT ADDRESS	CITY	STATE
		ZIP CODE

PROJECT APPLICANT (Check appropriate box)


Local Public Agency School District Other Special District State Agency Private Entity

CHECK APPLICABLE FEES:

<input type="checkbox"/> Environmental Impact Report (EIR)	\$3,343.25	\$	0.00
<input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)	\$2,406.75	\$	0.00
<input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW	\$1,136.50	\$	0.00
<input checked="" type="checkbox"/> Exempt from fee			
<input checked="" type="checkbox"/> Notice of Exemption (attach)			
<input type="checkbox"/> CDFW No Effect Determination (attach)			
<input type="checkbox"/> Fee previously paid (attach previously issued cash receipt copy)			
<hr/>			
<input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only)	\$850.00	\$	0.00
<input checked="" type="checkbox"/> County documentary handling fee		\$	50.00
<input type="checkbox"/> Other		\$	

PAYMENT METHOD:

Cash Credit Check Other *House Charge* **TOTAL RECEIVED** \$ 50.00

SIGNATURE X 	AGENCY OF FILING PRINTED NAME AND TITLE DIANA SIRON/ DEPUTY CLERK
-----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------