		Prin	it	StartOver	Save	
21 STA			RECEIPT NUMBER: 21 — 11/10/21 — 239			
						STATE CLEARINGHOUSE NUMBER (If applicable)
			2021050449			
			SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY. LEAD AGENCY	LEADAGENCY EMAIL	2021	000
CITY OF SAUSALITO				11/10/21		
COUNTY/STATE AGENCY OF FILING				DOCUMENT NUMBER		
Marin						
PROJECT TITLE						
CLIPPER YACHT HARBOR MARINA I	DOCK REPLAC		T PI	ROJECT		
CITY OF SAUSALITO				(916)698	-4592	
PROJECT APPLICANT ADDRESS	CITY	STATE		ZIP CODE		
420 LITHO STREET	SAUSALITO	CA		94965		
PROJECT APPLICANT (Check appropriate box)						
Local Public Agency School District	Other Special District	□ s	tate Ag	jency	Private Entity	
000000000000000000000000000000000000000						
CHECK APPLICABLE FEES:		00 445 05	•		0.00	
 ☐ Environmental Impact Report (EIR) ☑ Mitigated/Negative Declaration (MND)(ND) 		\$3,445.25 \$2,480.25				
☐ Certified Regulatory Program (CRP) document - payment due directly to CDFW			φ_ \$		0.00	
_ common regulatory resignant (oral) accument spayment add t	uncony to obt vv	\$1,171.25	Ψ _		0.00	
☐ Exempt from fee						
☐ Notice of Exemption (attach)						
☐ CDFW No Effect Determination (attach)						
☐ Fee previously paid (attach previously issued cash receipt copy	<i>y</i>)					
□ Water Pight Application or Potition Foo (State Water Resource)	Control Board only)	\$850.00	•		0.00	
 □ Water Right Application or Petition Fee (State Water Resources Control Board only) □ County documentary handling fee 			\$ _ \$		50.00	
Other			s _			
PAYMENT METHOD:			_			
☐ Cash ☐ Credit ☐ Check ☐ Other	TOTAL RECEIVED		\$_		2,530.25	
SIGNATURE AGEN	ICY OF FILING PRINTED	NAME AND T	ITLE			
1 6						
X Shan Dani	RIN DEPUTY	CLERK:	JO	BILARDI		