



State of California - Department of Fish and Wildlife
2022 ENVIRONMENTAL DOCUMENT FILING FEE
CASH RECEIPT
 DFW 753.5a (REV. 01/01/22) Previously DFG 753.5a

RECEIPT NUMBER: 22-258474
STATE CLEARINGHOUSE NUMBER (if applicable) 2021090271

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY CITY OF RIVERSIDE	LEAD AGENCY EMAIL BNORTON@RIVERSIDECA.GOV	DATE 07/08/2022
COUNTY/STATE AGENCY OF FILING RIVERSIDE	DOCUMENT NUMBER E-202200634	

PROJECT TITLE
KAISER PERMANENTE RIVERSIDE MEDICAL CENTER EXPANSION

PROJECT APPLICANT NAME KAISER PERMANENTE, DEBORAH HAN, SENIOR	PROJECT APPLICANT EMAIL BNORTON@RIVERSIDECA.GOV	PHONE NUMBER (951) 826-5625
PROJECT APPLICANT ADDRESS 3900 MAIN STRET, 3RD FLOOR	CITY RIVERSIDE	STATE CA
		ZIP CODE 92522

PROJECT APPLICANT (Check appropriate box)

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

CHECK APPLICABLE FEES:

<input checked="" type="checkbox"/> Environmental Impact Report (EIR)	\$3,539.25	\$	<u> \$3,539.25</u>
<input type="checkbox"/> Mitigated/Negative Declaration (MND)(NO)	\$2,548.00	\$	<u> </u>
<input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW	\$1,203.25	\$	<u> </u>
<input type="checkbox"/> Exempt from fee			
<input 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)			
<input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only)	\$850.00	\$	<u> </u>
<input checked="" type="checkbox"/> County documentary handling fee		\$	<u> \$50.00</u>
<input type="checkbox"/> Other		\$	<u> </u>

PAYMENT METHOD:

Cash
 Credit
 Check
 Other

TOTAL RECEIVED \$ \$3,589.25

SIGNATURE X <i>James O. Norton</i>	AGENCY OF FILING PRINTED NAME AND TITLE Deputy
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