CASH RECEIPT DFW 753.5a (REV. 01/01/23) Previously DFG 753.5a			StartOver Save	
		RECEIPT NUM	IBER: /29/2024 — 034	
			NGHOUSE NUMBER (i	f applicable)
SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.				,
LEAD AGENCY	LEAD AGENCY EMAIL		DATE	
County of Santa Cruz			01/29/2024	
COUNTY/STATE AGENCY OF FILING			DOCUMENT NUMBER	
Santa Cruz			032-24	
PROJECT TITLE				
Application 231415				
PROJECT APPLICANT NAME	PROJECT APPLICANT EMAIL		PHONE NUMBER	
Danielle Keenan			(877) 554-2104	
PROJECT APPLICANT ADDRESS	CITY	STATE	ZIP CODE	
2601 41st Avenue	Soquel	CA	95073	
PROJECT APPLICANT (Check appropriate box)			L	
Local Public Agency School District	Other Special District	☐ State A	gency L Priv	ate Entity
CHECK APPLICABLE FEES:		d	•	0.00
☐ Environmental Impact Report (EIR)☐ Mitigated/Negative Declaration (MND)(ND)		\$		0.00
☐ Certified Regulatory Program (CRP) document - payment due directly to CDFW		9		0.00
Continuo regulatory r regram (or tr) accument payment acces	moday to obt to	`		
☑ Exempt from fee				
Notice of Exemption (attach)				
☐ CDFW No Effect Determination (attach)				
Fee previously paid (attach previously issued cash receipt copy)			
☐ Water Right Application or Petition Fee (State Water Resources	s Control Board only)	\$850.00		0.00
☐ County documentary handling fee		\$		0.00
☑ Other		5	<u> </u>	50.00
PAYMENT METHOD:				
☑ Cash ☐ Credit ☐ Check ☐ Other \$50 in	Cash 01/29/2024 TOTAL RE	CEIVED S	***************************************	50.00
SIGNATURE AGENCY OF FILING PRINTED NAME AND TITLE				
Lori Welch Bettencourt, Administrative Aide				