

E.		TOTAL:	_____
F.			_____ CUBIC YDS

BELOW IS FOR OFFICE USE ONLY

19. PBS PERMIT NUMBER: _____	20. DEPOSIT PER SQ.FT.: _____	Receipt No. _____
NON-REFUNDABLE FEE: <u>\$240.00</u>		Receipt No. _____

Initial plan OK with permit application	Final plan OK showing compliance
21. Signed: _____ Date: / /	22. Signed: _____ Date: / /