

RECEIPT OF PAYMENT

Receipt Number: Receipt Date: Date Paid: Full Amount:	202403602 October 04, 2024 October 04, 2024 \$275.00		
Payment Details: F	Payment Method Credit Card	Amount Tendered \$275.00	Check Number
Amount Tendered: Change / Overage: Contact:	\$275.00 \$0.00 Michael Ann LaMotte, A	Address:2145 Resort Drive	
FEE DETAILS			
Fee Description	Reference Number	Amount Owing	Amount Paid

Development Plan - Public PL20240066 Hearing & Conditional Use & Major Variance

\$275.00

\$275.00