

715 Park Drive PO Box 160 Belpre OH 45714 740.423.7592 www.cityofbelpre.com

## **Agreement for Payment of Third-Party Plan Review Fees**

roject Name:	
	ress:
Applicant Name:	
<b>Applicant Address:</b>	
Applicant Phone:	Applicant Email:
Payment Guarantee	
	s associated with the third-party review of the Stormwater Management Pl
1. Amount of Fees	
The total amount of the thi	d-party plan review fees is \$ .
2. Payment Due	
Payment of the third-party	review fees must be made in full to the City of Belpre before any permits
are issued for the project.	
3. Mailing Instructions	
<u> </u>	payment should be mailed to the following address:
v <u>*</u>	
	Drive
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	ned by the Applicant and approved by the City of Belpre before proceeding
with the review process.	
Applicant Signature:	
	dress:
	<del></del>
<b>City Representative Signature:</b>	
• -	
<b>Amount Paid:</b> \$	
Date:	ne: