Drawing to be completed. Be sure to indicate distance from lot lines for all proposed parts of your project.

EXHIBIT B HEART BUTTE RESERVOIR PROJECT APPLICATION	
APPLICANT'S NAME: ADDRESS:	
TELEPHONE:	T #:
	ype of project/facility requested, quantities, dimensions, etc. ailed plan and specification below as well as a drawing indicating all lot t will take place.
PROJECT SCHEDULE: Proposed project start	date and completion date. the above described project and agree that work on the project will not
commence until approved by the Tri	-Cities Joint Job Development Authority and the Bureau of Reclamation.
Applicant's Signature	Date
By signing this Project Application, I am agreeing to	o follow the terms and conditions of this Project Application as approved by BOR and TCJJDA and the Cabin and/or Trailer Permit.
or on any attached forms only. This project is subject	truct and /or develop the above-described project as described above to the rules and regulations of the Tri-Cities Joint JDA and the Bureau r lands and water <mark>. Remember you may also need a County Building</mark> lore information.
TRI-CITIES JOINT JDA	BUREAU OF RECLAMATION
_RY: TITLE:	BY: TITLE:
DATE:	DATE:
NOTES: PROJECT APPLICATIONS ARE GOOD FOR	R ONE YEAR. PLEASE NOTIFY OFFICE WHEN PROJECT STARTS AND ARE COMPLETED
BE ADVISED ALL ADDITIONAL PAGES TO THIS PRO	DJECT APPLICATION MUST BE SIGNED AND DATED BY ALL APPROVING PARTIES
INCLUDING THE PERMITTEE. Following approval by Permittee Final Signature Verifying Appro	TCJJDA and BOR below Signature is required stating awareness of all requirements oval: Date:

Drawing to be completed. Be sure to indicate distance from lot lines for all proposed parts of your project.

Permittee Final Signature Verifying Approval: _____ Date:

Drawing to be completed. Be sure to indicate distance from lot lines for all proposed parts of your project.

_