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

EXHIBIT B

HEART BLITTE RESERVOIR

PROJECT APPLICATION				
FOR RECREATION AND LAND MANAGEMENT PROJECTS ADMINISTERED BY THE TRI-CITIES JOINT JOB DEVELOPMENT AUTHORITY				
APPLICANT'S NAME:				
ADDRESS:				
CABIN/TRAILER AREA: LOT #:				
TELEPHONE:				
EMAIL:				
PROJECT DESCRIPTION: Please specify the type of project/fa				
Use separate sheets if necessary. Provide a detailed plan and s				
lines and distance from lot lines that the project will take place	2.			
TYPE AND SOURCE OF ANY OFF-SITE MATERIALS: (Ex. Ro	ock, gravel, topsoil)			
Please refer to the website or contact the office for a list of cul	turally approved sites.			
PROJECT SCHEDULE: Proposed project start date and completion date.				
I hereby request authorization for the above describe	d project and agree that work on the project will not			
commence until approved by the Tri-Cities Joint Job De	evelopment Authority and the Bureau of Reclamation.			
Applicant's Signature	Date			
By signing this Project Application, I am agreeing to follow the terms and conditions of this Project Application as approved by BOR and TCJJDA and the Cabin and/or Trailer Permit.				
APPROVAL: The applicant is hereby approved to construct and /or develo				
forms only. This project is subject to the rules and regulations of the Tri-Cit	ies Joint JDA and the Bureau of Reclamation associated with Heart Butte			
Reservoir lands and water. Remember you must have Grant County building permit and Grant County Floodplain permit approved and attached				
to this project application upon submission. It is your responsibility to re-				
sure you have all proper permitting before submitting this project application to the Lake Tschida office.				
TRI-CITIES JOINT JDA	BUREAU OF RECLAMATION			
BY:	BY:			
TITLE:	TITLE:			
DATE:	DATE:			
NOTES: PROJECT APPLICATIONS ARE GOOD FOR ONE YEAR. PLEASE NO	OTIFY OFFICE WHEN PROJECT STARTS AND ARE COMPLETED			
BE ADVISED ALL ADDITIONAL PAGES TO THIS PROJECT APPLICATION MUST BE SIGNED AND DATED BY ALL APPROVING PARTIES NCLUDING THE PERMITTEE. Following approval by TCJJDA and BOR below Signature is required stating awareness of all requirements				
Permittee Final Signature Verifying Annroyal:	Date:			

TCJJDA Final Approval/Filed _____(initial/date) Page 1

ee Final Signature V		Dat

Page 2

TCJJDA Final Approval/Filed _____(initial/date)

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

TCJJDA Final Approval/Filed _____ (initial/date)