

Request for Refund

16 JAN 28 P1:46

Date: 1/12/2016

Send to: Accounting Office (Amount \$500.00 or less)
 Board of Commissioners (Amount more than \$500.01)

Name of Person to Receive Refund: Roy and Anne Thompson
Mailing Address (Street) 5 Centerpointe Dr, Suite 400A
Mailing Address (City, State, Zip) Lake Oswego OR 97035

Applicant's name (if different) _____

Permit, Docket, or File Number: PAZ-03-15 TL#(s) 4524-1300

Total Amount of Refund: 5000.00

Accounts/Amount of checks to be issued: 10.20.345.07PL66
Fee \$ 5,000.00 Acct# ~~10.20.345.07PL66~~ Fee \$ _____ Acct# _____
Fee \$ _____ Acct# _____ Fee \$ _____ Acct# _____
Fee \$ _____ Acct# _____ Fee \$ _____ Acct# _____
Fee \$ _____ Acct# _____ Fee \$ _____ Acct# _____
Fee \$ _____ Acct# _____ Fee \$ _____ Acct# _____

Reason for Request:

Letter Attached
 Additional Explanation: _____

Department Recommendation:

Request Refund \$5,000.00
See attached letter with drawing application


Michael Brandt, Planning Director

1-13-16
Date

FOR PLANNING OFFICE USE:

Type of permit Application: Plan Amendment Zone Change
Original Receipt # 910247 Total Fees Paid: 5488.00
Fee \$ 18.00 Acct# 10.20.341.18 PL66 Fee \$ _____ Acct# _____
Fee \$ 5470.00 Acct# 10.20.345.07PL66 Fee \$ _____ Acct# _____
Fee \$ _____ Acct# _____ Fee \$ _____ Acct# _____
Fee \$ _____ Acct# _____ Fee \$ _____ Acct# _____

Date approved: 1.21.16
Board Order (if applicable) 116-216

Date of Warrant: _____
Warrant #: _____
Amount of Warrant: _____

THOMPSON ♦ BOGRÁN P.C.
A PROFESSIONAL CORPORATION

ROY B. THOMPSON
ALSO ADMITTED IN NEW YORK
L.L.M. IN TAXATION

AMY M. BOGRÁN
L.L.M. IN TAXATION

January 7, 2016

5 CENTERPOINTE DR.
SUITE 400A
LAKE OSWEGO, OR 97035

TELEPHONE (503) 636-3400
FACSIMILE (503) 636-3897

RoyThompson@comcast.net
AmyMBogran@comcast.net

Kenneth P. Friday
Planning Division Manager
525 NE 4th Street
McMinnville, Oregon 97128

Via Email Only

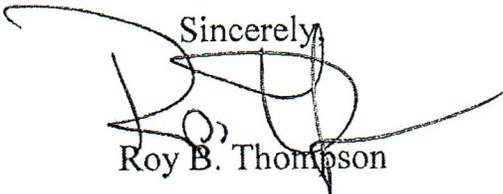
Re: Docket PAZ-03-15//Tax Lot 4524-1300

Dear Ken:

At the outset, both my wife and I want to thank you and your staff for your assistance, advice, and guidance regarding the above matter. As we discussed just prior to Christmas, circumstances have changed and we are withdrawing our Application with Yamhill County. Please let me know how much of a refund of the Application Fee we can expect to receive and how long the refund will take to process.

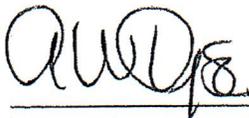
Again, I want to thank you and your office for the assistance and guidance that you have provided us with this Application process. We hope your holidays were happy and relaxing and that the New Year will be a good one for you and yours.

Sincerely


Roy B. Thompson

RBT/hrs

cc: Anne Thompson



Department of Planning and Development

525 NE 4th Street, McMinnville, Oregon 97128

Phone: (503) 434-7516 • Fax: (503) 434-7544 • TTY: 800-735-2900 • Website: www.co.yamhill.or.us/plan

Date: Aug 14, 15

RECEIVED OF: Roy Thompson
Docket #(s): 7-01-2015
Tax Lot #(s): R 4524-1300

FOR: Same
Permit #(s): _____

PERMITS

Building Permits	_____	Zoning Compliance Fee (Ag Barn)	_____
Plumbing Permits (Residential)	_____	Reinspection Fee	_____
Plumbing Permits (Commercial)	_____	Inspection Fee	_____
Mechanical Permits	_____	Demolition Permit	_____
Manufactured Home Placement Permits	_____	Building Investigation Fee	_____
Electrical Permits	_____	Plan Review (Building or Electrical)	_____
Electrical—Master Permit Program	_____	Administrative Surcharge	_____

LAND USE

Agency	_____	AGCY	_____
Address	_____	ADDR	_____
Appeal/Hearing	_____	APEAL	_____
Comprehensive Plan Amendment (PA, PAZ)	<u>5488.00</u>	*PDCP *PDPZ	_____
Conditional Use (C, CTS, CTR, WRG)	_____	*PDCU MADJ CTS CTR *PDWR	_____
Cove Orchard Sewer Hookup	_____	COSSD	_____
Dwelling Approvals (Farm, Forest, Non-farm)	_____	*PDFD *PDFT *PDNF	_____
Partition/Subdivision/Adjustments	_____	*PDPA *PDSU L-MAJ L-MIN	_____
Miscellaneous Land Use Applications	_____	EXT *PDFP NCU NCU-R RR SIGN SU	_____
		SDR TS V M-37	_____

SEPTIC

Septic Permit	_____	Existing System Evaluation	_____
Pump	_____	Alternative System Evaluation	_____
Site Evaluation	_____	Inspections	_____
Plan Review (Commercial)	_____	Pump Truck Evaluation(s)	_____
Authorization	_____		_____

SOLID WASTE

WOW - Valley: Franchise (FRACS)	_____	Riverbend: In County (RBIN)	_____
Newberg Garbage: Franchise (FRANG)	_____	Riverbend: Out of County (RBOU)	_____
Newberg Transfer: Franchise (FRANT)	_____	Miscellaneous (MISSW)	_____

MISCELLANEOUS

Photo Copies, Fax, P.I. Listing	_____	COPY PILIST	_____
Public Works - County Maps	_____	*PDR	_____
Telephone	_____	TELBU TELME TELPR TELPC TELEL TELPL TELSW	_____

SURVEYOR

Photo Copies (COPYS)	_____	Plat Checks (PLCHK)	_____
Surveyor Filing Fee (FIFEE)	_____	Road Vacation (RDVAC)	_____

All items are received for collection
ONLY and this receipt shall be
cancelled for nonpayment of any item

TOTAL PAID	<u>5488.00</u>
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Cash	_____	Coin	_____
Credit Card	_____	Check#	<u>1153</u>
Ref#	_____	Appr#	_____

96247

By: A. K. Hise

Receipt #	Permit #	feecode	Amount	Xfer	Type	CC auth	Paydate	Account number
96244	0012015002964	SURC	7.92		DD	99031-BEL-15-00300	08/14/15	010-020-345.06-PL50
96244	0012015002964	PRMIT	66.00		DD	99031-BEL-15-00300	08/14/15	010-020-322.14-PL50
			*****	73.92				
			73.92					
96245	0010000000000	OLCC	25.00		CC	H86476	08/14/15	010-020-341.51-PL66
			*****	25.00				
			25.00					
96247	0010000000000	*PDZE	18.00		CK	1153	08/14/15	010-020-341.18-PL66
96247	0010000000000	*PDZE	5470.00		CK	1153	08/14/15	010-020-345.07-PL66
			*****	5488.00				
			5488.00					

FISCAL YEAR = 19,708.89