



RECEIPT OF PAYMENT

**Receipt Number:** 2023155892  
**Receipt Date:** 11/14/2023  
**Date Paid:** 11/14/2023  
**Full Amount:** \$220.00

<b>Payment Details:</b>	<b>Payment Method</b>	<b>Amount Tendered</b>	<b>Check/Credit Number</b>
	Check	\$220.00	126268

**Amount Tendered:** \$220.00  
**Change / Overage:** \$0.00

**FEE DETAILS:**

<b>Fee Description</b>	<b>Reference Number</b>	<b>Amount Owing</b>	<b>Amount Paid</b>
Administrative (Hearing Examiner) Variances (per application)	PL202300189	\$220.00	\$220.00