

## Land Use Application Permit #: 24 103231 00 PLN

I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property:				
I (we) certify that I (we) h	ave read, understood, and confirm all the statements lis	ted above and		
throughout the application				
Authorized Signature:	Indazit Sin/h			
Printed Name:	Indersit Sinsh	Date:	08/06/24	
Address (include ZIP):	Indersit Sinsh 3997 Carson Dr. St Suite #130	Salem, E	R 97317	
Authorized Signature:			•	
D 1 . 1 N		Date:		
Address (include ZIP):				
Andharia I Ciara				
Authorized Signature:				
Printed Name:		Date:		
Address (include ZIP):				

(For office use only)				
Received by:	Date:	Receipt Number:		