

GOVERNMENT OF THE VIRGIN ISLANDS

Government of the Virgin Islands/ Department of Planning a  
Division of Comprehensive and Coastal Zone

CCZP Fees

Checks and money orders should be made out to: Department of Planning and  
Date: 12-11-2025

Name of Applicant: CCZP0018-25/KEVIN RAMES

<b>Copies:</b> \$2 per page Total number of pages: _____	<b>Zoning Fees:</b> Application Fee: \$250 Additional Fees per acre: <u>15</u>	<b>Subd</b> Application F Additional Fe
Total due: \$ _____	Total due: \$ <u>265.00</u>	Total due: \$ _____

Staff's Signature: LEIA LAPLACE, TERRITORIAL PLANNER *Leia Laplace*

OFFICIAL CASHIER RECEIPT NO. **376859**

ISLAND STT <input type="checkbox"/> STX <input type="checkbox"/> <u>STJ</u> <input type="checkbox"/>	DEBT ORG <u>0335</u>	DATE <u>12/11/25</u>
LOCATION: PROP. PRO <input type="checkbox"/> ADMIN OFF <input type="checkbox"/> EDA <input type="checkbox"/> <u>PNR</u> <input type="checkbox"/> DPS <input type="checkbox"/> HEALTH <input type="checkbox"/> HOUSING <input type="checkbox"/> LIC <input type="checkbox"/> TERR. COURT <input type="checkbox"/> PWD <input type="checkbox"/> LT GOV <input type="checkbox"/> SBDA <input type="checkbox"/> TREAS <input type="checkbox"/> SPEC. FAC. <input type="checkbox"/> EMP SEC.		
OTHER <input type="checkbox"/> _____		

RECEIVED FROM CHECK  2993 CASH   
H.A. RAMES P.C.  
Two Hundred Sixty-five

COLLECTOR'S SIGNATURE Michelle Doh \$ 265.00

PURPOSE OF PAYMENT Rezoning Fee  
CCZP0018-25/KEVIN RAMES

FUND OR ACCOUNT DESCRIPTION				
TITLE				
CODE				
ORG	OBJECT	PROJECT	OPT	CHARGE CODE

**K.A. RAMES, P.C.**  
(OPERATING ACCOUNT)  
2111 COMPANY STREET, SUITE #3  
CHRISTIANSTED, VI 00820

PAY TO THE ORDER OF Department of Planning and Natural Resources - \$ 265.00  
Two Hundred sixty-five and 00/100 DOLLARS

FOR CCZP-Zoning Fees

DATE 12/11/25

*Kevin Rames*

UNITED BANK

TAMF