

|                             |                 |   |      |           |  |     |       |             |           |    |
|-----------------------------|-----------------|---|------|-----------|--|-----|-------|-------------|-----------|----|
| 受付年月日                       |                 | 50・10・20  |      | 開 発 登 録 簿 |  |     |       |             |           |    |
| 許可年月日                       |                 | 50・12・3   |      |           |  |     |       |             |           |    |
| 番 号                         | 50-66           | 用途地域別   | 専用住宅 | 開発目的      | <input checked="" type="checkbox"/> 自己用<br><input type="checkbox"/> 非自己用 | 手数料 | 2,000 |             |           |    |
| 開発許可を受けた者                   | 住所              | 戸畑区牧山一丁目6番20号                                     |      |           | 許可条件の特記事項  |     |       |             |           |    |
|                             | 氏名              |   |      |           |  |     |       | 石倉健二        |           |    |
| 工事施工者                       | 住所              |   |      |           |  |     |       |             |           |    |
|                             | 氏名              |   |      |           |  |     |       |             |           |    |
| 設 計 者                       | 住所              |   |      |           |  |     |       |             |           |    |
|                             | 氏名              |   |      |           |  |     |       |             |           |    |
| 開発区域に含まれる地域の名 称 ・ 面 積       |                 | 北九州市 若松 区 大字安屋 2225番地3<br>257 m <sup>2</sup> / 区画 |      |           |  |     |       | 監督処分(法第81条) | 聴 聞 年 月 日 |    |
|                             |                 |   |      |           |  |     |       |             | 被聴聞者住所氏名  |    |
| 法 第 4 1 条 第 1 項 の 制 限 の 内 容 |                 |   |      |           | 処 分 内 容  |     |       |             |           |    |
|                             |                 |   |      |           |  |     |       |             |           |    |
| 許可後の経過                      | 許可に基づく<br>地位の承継 | 受付年月日   | ・ ・  | 住所        | 制限解除   | 第1回 | ・ ・   | 区画          |           |    |
|                             |                 | 許可年月日   | ・ ・  |           |  | 第2回 | ・ ・   | 区画          |           |    |
|                             |                 | 番 号   |      |           |  | 氏 名 |       | 第3回         | ・ ・       | 区画 |
|                             |                 |   |      |           |  |     |       | 第4回         | ・ ・       | 区画 |

|  |                |                |                |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|--|----------------|----------------|----------------|---------|-----|----------|---------|----------|----------------|----------------|-----|----------------|---------|-----|----------------|---------|-----|----------------|---------|-----|----------------|---------|-----|----------------|----------|-----|----------------|----------|-----|----------------|-----|---|--|----------------|--|--|----------------|-----|----|--|----------------|--|--|----------------|-----|----|--|----------------|--|--|----------------|------|----|--|----------------|--|--|----------------|-----|----|--|----------------|--|--|----------------|-----|----|--|----------------|--|--|----------------|-------|--|--|--|-----|---------|-----|--|---------|-----|--|---------|-----|--|
| 許可後の経過   | 工事施行者の変更       | 受付年月日          | ・ ・            | 住所      |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  |                | 許可年月日          | ・ ・            |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  |                | 番 号            |                | 氏 名     |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  | 設計の変更          | 受付年月日          | ・ ・            |         | ・ ・ | ・ ・      |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
| 許可年月日  |                | ・ ・            | ・ ・            | ・ ・     |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
| 番 号  |                |                |                |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  | 一時中止届<br>受付年月日 | ・ ・            | 廃止年月日<br>受付年月日 | ・ ・     |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
| 工事の経過  | 工事着手届<br>受付年月日 | ・ ・            | 自 至 年 月 日      | 日間      |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  | 工事完了届<br>受付年月日 | 第 1 (全) 工 区    | 第 2 工 区        | 第 3 工 区 |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
| 検 査  | 実 施 日          | ・ ・            | ・ ・            | ・ ・     |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  | 合 否 判 定        | 合 否            | 合 否            | 合 否     |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  | 検査済証           | 交付年月日          | ・ ・            | ・ ・     | ・ ・ |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
| 番 号  |                |                |                |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
| 公 告  | 年 月 日          | ・ ・            | ・ ・            | ・ ・     |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  | 番 号            |                |                |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
| <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; text-orientation: upright; margin-right: 10px;">公 共 施 設</div> <div style="flex-grow: 1;"> <table border="1" style="width: 100%;"> <tr><td rowspan="8" style="writing-mode: vertical-rl; text-orientation: upright;">道 路</td><td>W 4.0×延</td><td>m =</td><td>m<sup>2</sup></td></tr> <tr><td>W 4.7×延</td><td>m =</td><td>m<sup>2</sup></td></tr> <tr><td>W 5.0×延</td><td>m =</td><td>m<sup>2</sup></td></tr> <tr><td>W 6.0×延</td><td>m =</td><td>m<sup>2</sup></td></tr> <tr><td>W 8.0×延</td><td>m =</td><td>m<sup>2</sup></td></tr> <tr><td>W 9.0×延</td><td>m =</td><td>m<sup>2</sup></td></tr> <tr><td>W 12.0×延</td><td>m =</td><td>m<sup>2</sup></td></tr> <tr><td>W 16.0×延</td><td>m =</td><td>m<sup>2</sup></td></tr> <tr><td rowspan="2" style="writing-mode: vertical-rl; text-orientation: upright;">水 路</td><td>計</td><td></td><td>m<sup>2</sup></td></tr> <tr><td></td><td></td><td>m<sup>2</sup></td></tr> <tr><td rowspan="2" style="writing-mode: vertical-rl; text-orientation: upright;">公 園</td><td>ヶ所</td><td></td><td>m<sup>2</sup></td></tr> <tr><td></td><td></td><td>m<sup>2</sup></td></tr> <tr><td rowspan="2" style="writing-mode: vertical-rl; text-orientation: upright;">緑 地</td><td>ヶ所</td><td></td><td>m<sup>2</sup></td></tr> <tr><td></td><td></td><td>m<sup>2</sup></td></tr> <tr><td rowspan="2" style="writing-mode: vertical-rl; text-orientation: upright;">防火水槽</td><td>ヶ所</td><td></td><td>m<sup>2</sup></td></tr> <tr><td></td><td></td><td>m<sup>2</sup></td></tr> <tr><td rowspan="2" style="writing-mode: vertical-rl; text-orientation: upright;">消火栓</td><td>ヶ所</td><td></td><td>m<sup>2</sup></td></tr> <tr><td></td><td></td><td>m<sup>2</sup></td></tr> <tr><td rowspan="2" style="writing-mode: vertical-rl; text-orientation: upright;">集会所</td><td>ヶ所</td><td></td><td>m<sup>2</sup></td></tr> <tr><td></td><td></td><td>m<sup>2</sup></td></tr> <tr><td colspan="4">開発者管理</td></tr> <tr><td rowspan="3" style="writing-mode: vertical-rl; text-orientation: upright;">帰 属</td><td>登記依頼年月日</td><td>・ ・</td><td></td></tr> <tr><td>登記完了年月日</td><td>・ ・</td><td></td></tr> <tr><td>管理依頼年月日</td><td>・ ・</td><td></td></tr> </table> </div> </div> |                |                |                |         |     | 道 路      | W 4.0×延 | m =      | m <sup>2</sup> | W 4.7×延        | m = | m <sup>2</sup> | W 5.0×延 | m = | m <sup>2</sup> | W 6.0×延 | m = | m <sup>2</sup> | W 8.0×延 | m = | m <sup>2</sup> | W 9.0×延 | m = | m <sup>2</sup> | W 12.0×延 | m = | m <sup>2</sup> | W 16.0×延 | m = | m <sup>2</sup> | 水 路 | 計 |  | m <sup>2</sup> |  |  | m <sup>2</sup> | 公 園 | ヶ所 |  | m <sup>2</sup> |  |  | m <sup>2</sup> | 緑 地 | ヶ所 |  | m <sup>2</sup> |  |  | m <sup>2</sup> | 防火水槽 | ヶ所 |  | m <sup>2</sup> |  |  | m <sup>2</sup> | 消火栓 | ヶ所 |  | m <sup>2</sup> |  |  | m <sup>2</sup> | 集会所 | ヶ所 |  | m <sup>2</sup> |  |  | m <sup>2</sup> | 開発者管理 |  |  |  | 帰 属 | 登記依頼年月日 | ・ ・ |  | 登記完了年月日 | ・ ・ |  | 管理依頼年月日 | ・ ・ |  |
|  |                |                |                |         |     |          | 道 路     | W 4.0×延  | m =            | m <sup>2</sup> |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  |                |                |                |         |     |          |         | W 4.7×延  | m =            | m <sup>2</sup> |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  |                |                |                |         |     |          |         | W 5.0×延  | m =            | m <sup>2</sup> |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  |                |                |                |         |     |          |         | W 6.0×延  | m =            | m <sup>2</sup> |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  |                |                |                |         |     |          |         | W 8.0×延  | m =            | m <sup>2</sup> |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  |                |                |                |         |     |          |         | W 9.0×延  | m =            | m <sup>2</sup> |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  |                |                |                |         |     |          |         | W 12.0×延 | m =            | m <sup>2</sup> |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  |                |                |                |         |     | W 16.0×延 |         | m =      | m <sup>2</sup> |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  |                |                |                |         |     | 水 路      | 計       |          | m <sup>2</sup> |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  |                | m <sup>2</sup> |                |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
| 公 園  | ヶ所             |                | m <sup>2</sup> |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  |                |                | m <sup>2</sup> |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
| 緑 地  | ヶ所             |                | m <sup>2</sup> |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  |                |                | m <sup>2</sup> |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
| 防火水槽   | ヶ所             |                | m <sup>2</sup> |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  |                |                | m <sup>2</sup> |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
| 消火栓  | ヶ所             |                | m <sup>2</sup> |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  |                |                | m <sup>2</sup> |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
| 集会所  | ヶ所             |                | m <sup>2</sup> |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  |                |                | m <sup>2</sup> |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
| 開発者管理  |                |                |                |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
| 帰 属  | 登記依頼年月日        | ・ ・            |                |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  | 登記完了年月日        | ・ ・            |                |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |
|  | 管理依頼年月日        | ・ ・            |                |         |     |          |         |          |                |                |     |                |         |     |                |         |     |                |         |     |                |         |     |                |          |     |                |          |     |                |     |   |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |      |    |  |                |  |  |                |     |    |  |                |  |  |                |     |    |  |                |  |  |                |       |  |  |  |     |         |     |  |         |     |  |         |     |  |