

Name _____ G-16889
By _____ DURKIN'S NURSERY
Address _____ MIKE DURKIN
_____ LAURIE DURKIN
_____ PO BOX 474
_____ BEAVERCREEK OR 97004

Priority Issue 29, 2007
County Clatsop WM# 20

RELATED FILES

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

Application No. G16889

Permit No. _____

Certificate No. _____

Date

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume Page

FEES PAID

Date	Amount	Receipt No.
<u>6/29/07</u>	<u>500.00</u>	<u>88462</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	Cert. Fee	_____

FEES REFUNDED

Date	Amount	Receipt No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSIGNMENTS

Date	To Whom	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REMARKS

MAP LOCATION

Rev. 04/03