

Name _____ G-16903 _____
By _____ NEIL HANSEN _____
Address _____ SHANNON HANSEN _____
_____ PO BOX 343 _____
_____ KENT OR 97033 _____

Priority _____

County _____ WM# _____

RELATED FILES

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

Application No. **G16903**

Permit No. _____

Certificate No. _____

Date

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume Page

FEES PAID

Date	Amount	Receipt No.
7-6-07	740.00	88578
7-13-07	140.00	88700
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

ASSIGNMENTS

Date	To Whom	Address

REMARKS _____

MAP LOCATION _____

Rev. 04/03