

Application No. G17047

Permit No. _____

Certificate No. _____

FEES PAID

Date	Amount	Receipt No.
5/1/08	800.00	92325
	Cert. Fee	

Name G-17047
 By _____ BILL LUSK _____
 Address _____ 15871 RIVER RD NE _____
 _____ ST PAUL OR 97137 _____

Date _____

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume	Page

FEES REFUNDED

Date	Amount	Receipt No.

Priority MAY 1 2008

County MARION WM# _____

RELATED FILES

- _____
- _____
- _____
- _____

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

REMARKS _____

MAP LOCATION _____

JS 5.2.2008