	Application No			FEES PAID		
Name G-16986 By 14190 TALLEY DOBBIN LANE Address_ HAINES OR 97833	Permit No  Certificate No			12/24/01	Amount 1280,50	Receipt No.
Address	DENIED	Date			Cart Fac	
	A CLOSELL PIP			FEES REFUNI		
Priority 12-24-2007	MUTILD AND		1	Date	Amount	Receipt No.
CountyBAKER WM#						
RELATED FILES						
	ASSIGNMENTS					
	Date	To Whom	1		Address	
<b>DEVELOPMENT</b> Date						
Completion						
Extended to						
Final Proof received						
Proposed Cert. Mailed						
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