

G16847

FEES PAID

G-16847

Name _____ DEBRA HOLLBROOK _____

By _____ CITY OF SHANIKO _____

Address _____ PO BOX 17 _____

SHANIKO OR 97057 _____

Permit No. _____

Certificate No. _____

FEES PAID		
Date	Amount	Receipt No.
5/9/07	750. ⁰⁰	86406
	Cert. Fee	

Date _____

DENIED _____

MISFILED _____

Volume	Page
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WITHDRAWN _____

CANCELLED _____

FEES REFUNDED

Date	Amount	Receipt No.
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Priority MAY 4, 2007

County _____ WM# _____

RELATED FILES

ASSIGNMENTS

Date _____

To Whom

Address

DEVELOPMENT Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

REMARKS _____

MAP LOCATION

Rev. 04/03

SMEAD 63 HSP000848

28 5-4-2007