

Application No. R 87208 ACT FEES PAID

Permit No. _____

Certificate No. _____

Date	Amount	Receipt No.
6/25/08	215.00	93040
7-1-08	500	93045
	Cert. Fee	

Date

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume | Page

FEES REFUNDED

Date	Amount	Receipt No.

Name _____
By _____ R-87208
Address _____ LYNN MERRILL
20 E AIRPORT RD #277
LEBONON OR 97355

Priority 6-25-2008

County LINN WM# 16

RELATED FILES

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

ASSIGNMENTS

Date	To Whom	Address

REMARKS _____

MAP LOCATION _____