

Application No. R 87289 ACT FEES PAID

Name R-87289  
DAVID KNEILING  
By 2831 BRUSH COLLEGE RD  
SALEM OR 97304  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit No. \_\_\_\_\_  
Certificate No. \_\_\_\_\_

Date	Amount	Receipt No.
<u>9/22/08</u>	<u>\$360<sup>00</sup></u>	<u>94218</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date \_\_\_\_\_  
**DENIED** \_\_\_\_\_  
**MISFILED** \_\_\_\_\_  
**WITHDRAWN** \_\_\_\_\_  
**CANCELLED** \_\_\_\_\_

Volume \_\_\_\_\_ Page \_\_\_\_\_

**FEES REFUNDED**

Date	Amount	Receipt No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Priority 9-22-2008  
County Polk WM# 16

**RELATED FILES**

R 87288 ACT  
87290  
\_\_\_\_\_  
\_\_\_\_\_

**ASSIGNMENTS**

Date	To Whom	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DEVELOPMENT**

Date

Completion \_\_\_\_\_  
Extended to \_\_\_\_\_  
\_\_\_\_\_  
Final Proof received \_\_\_\_\_  
Proposed Cert. Mailed \_\_\_\_\_

**REMARKS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAP LOCATION**