

Application No. R 87433 ALT

FEEES PAID

Name _____
By Joan Dummer
Address 16450 Water Gap Rd
Williams, OR 97544

Permit No. _____
Certificate No. _____

Date	Amount	Receipt No.
<u>4/6/09</u>	<u>100.00</u>	<u>96061</u>
	Cert. Fee	

Date

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume | Page

FEEES REFUNDED

Date	Amount	Receipt No.

Priority ARR 6 2009
County JOSE WM# 14

RELATED FILES

ASSIGNMENTS

DEVELOPMENT Date
Completion _____
Extended to _____
Final Proof received _____
Proposed Cert. Mailed _____

Date	To Whom	Address

REMARKS _____

MAP LOCATION _____