

Application No. 87438

FEES PAID

Date	Amount	Receipt No.
4/14/09	565.00	96143
	Cert. Fee	

Name Richard Katzenbach
By 6700 New Hope Rd
Address Grants Pass, OR 97527

Permit No. _____
Certificate No. _____

Date

DENIED _____

MISFILED _____

Volume | Page

WITHDRAWN _____

CANCELLED _____

FEES REFUNDED

Date	Amount	Receipt No.

Priority 4-14-2009

County Joseph WM# 14

RELATED FILES

R 87352

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

REMARKS _____

MAP LOCATION _____