

Application No. 87473

Permit No. _____

Certificate No. _____

FEEES PAID

Date	Amount	Receipt No.
6-17-09	580.00	96805
	Cert. Fee	

Name Shawn & Charlotte Martinson
By 1804 Roberts Rd
Medford, OR 97504
Address _____

Priority 6-17-2009

County Douglas WM# 15

RELATED FILES

DEVELOPMENT

Date

Completion _____
Extended to _____

Final Proof received _____
Proposed Cert. Mailed _____

ASSIGNMENTS

Date	To Whom	Address

REMARKS

MAP LOCATION
