Name G-17236
PORTLAND VA MEDICAL CENTER
By SCOTT FISHER
PO BOX 1034
Address PORTLAND OR 97207

Priority 6-18-2009

County MULT WM# 20

RELATED FILES

Application No. G17236

Permit No.

Certificate No.

	Date	Volume	Page
DENIED			
MISFILED			
WITHDRAWN			
CANCELLED			

FEES PAID

Date	Amount	Receipt No.
6-18-09	1400.00	96816
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT Date

Completion

Extended to

Final Proof received

Proposed Cert. Mailed

REMARKS

MAP LOCATION

Rev. 04/03

SMEAD 63 HSP00C