

Application No. S 87566

**FEES PAID**

Date	Amount	Receipt No.
12-30-09	950.00	98888
	Cert. Fee	

Name Garrie Neil Johnson & Linda Diane Johnson  
 By 36529 Camp Cr. Rd  
 Address Springfield, OR 97478-8742

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

Date

DENIED \_\_\_\_\_  
 MISFILED \_\_\_\_\_  
 WITHDRAWN \_\_\_\_\_  
 CANCELLED \_\_\_\_\_

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**FEES REFUNDED**

Date	Amount	Receipt No.

Priority 12-30-2009  
 County LANE WM# \_\_\_\_\_

**RELATED FILES**

**ASSIGNMENTS**

Date	To Whom	Address

**DEVELOPMENT**

Date

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

**REMARKS**

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

MAP LOCATION \_\_\_\_\_

**'IR' DUE DATE:**

FEB. 13, 2010