

S-87684  
JIM WAPELHORST  
6900 ROGUE RIVER DR  
SHADY COVE OR 97539

Application No. **87684**  
Permit No. \_\_\_\_\_  
Certificate No. \_\_\_\_\_

**FEEES PAID**

Date	Amount	Receipt No.
1-26-11	825.00	102113

Date

**DENIED** \_\_\_\_\_

**MISFILED** \_\_\_\_\_

**WITHDRAWN** \_\_\_\_\_

**CANCELLED** \_\_\_\_\_

Volume | Page

**FEEES REFUNDED**

Date	Amount	Receipt No.

1-26-2011

JACKSON WM# 13

**ED FILES**

**ASSIGNMENTS**

Date	To Whom	Address

**OPMENT** Date \_\_\_\_\_  
letion \_\_\_\_\_  
ded to \_\_\_\_\_  
Proof received \_\_\_\_\_  
sed Cert. Mailed \_\_\_\_\_

**REMARKS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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