Name _
By _
Address

Douglas Hecox
620 E. C Street
Jacksonville, OR 97530

Priority Dec 5 2011

County JACKSON WM# 13

Application No. 87772

Permit No. _____

Certificate No. _____

	Date	Volume	Page
DENIED			
MISFILED			
WITHDRAWN			
CANCELLED			

FEES PAID

Date	Amount	Receipt No.
12-5-11	1322.00	104603
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

RELATED FILES

_____
_____
_____
_____

DEVELOPMENT Date

Completion _____

Extended to _____

_____

Final Proof received _____

Proposed Cert. Mailed _____

ASSIGNMENTS

Date	To Whom	Address

REMARKS _____

MAP LOCATION _____

Rev. 04/03

KS 12/6/2011