

Name \_\_\_\_\_  
By \_\_\_\_\_ R-87825  
Address \_\_\_\_\_ MARY MARCIEL  
\_\_\_\_\_ 54874 HWY 26  
\_\_\_\_\_ MT. VERNON OR 97865

Priority JULY 30, 2012  
County GRANT WM# 4

**RELATED FILES**

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

**DEVELOPMENT**

Date

Completion \_\_\_\_\_

Extended to \_\_\_\_\_

Final Proof received \_\_\_\_\_

Proposed Cert. Mailed \_\_\_\_\_

Application No. R-87825 ALT

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

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

Date

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

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

**WITHDRAWN** \_\_\_\_\_

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

Volume Page

**FEES PAID**

| Date           | Amount                  | Receipt No.   |
|----------------|-------------------------|---------------|
| <u>7-30-12</u> | <u>950<sup>00</sup></u> | <u>106376</u> |
| _____          | _____                   | _____         |
| _____          | _____                   | _____         |
| _____          | _____                   | _____         |
| _____          | Cert. Fee               | _____         |

**FEES REFUNDED**

| Date  | Amount | Receipt No. |
|-------|--------|-------------|
| _____ | _____  | _____       |
| _____ | _____  | _____       |
| _____ | _____  | _____       |

**ASSIGNMENTS**

| Date  | To Whom | Address |
|-------|---------|---------|
| _____ | _____   | _____   |
| _____ | _____   | _____   |
| _____ | _____   | _____   |
| _____ | _____   | _____   |
| _____ | _____   | _____   |
| _____ | _____   | _____   |

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

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

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