

Application No. **S- 87887**

FEES PAID

S-87887

Permit No. _____

Certificate No. _____

Date _____

DENIED _____

MISFILED _____

Volume | Page

Page

WITHDRAWN _____

CANCELLED _____

Date
4-10-13

Amount
\$950.00

Receipt No. 108510

Cert. Fee

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FEES REFUNDED

Date	Amount	Receipt No.
------	--------	-------------

Amount	Receipt No.
--------	-------------

Receipt No.

Name _____ Bryan & Kristen Gibson
By _____ 6900 Hobsonville Point Rd _____
Address _____ Bay City, OR 97107 _____

Priority April 10, 2013

County TILLAMOOK WM# 1

RELATED FILES

DEVELOPMENT Date

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

ASSIGNMENTS

Date	To Whom
------	---------

To Whom

Address

REMARKS _____

MAP LOCATION