

Application No. 87901 21

FEES PAID

Name — R-87901
By — JOHN REGER
Address — PO BOX 809
WILSONVILLE OR 97070

Permit No. _____
Certificate No. _____

Date	Amount	Receipt No.
5-22-13	\$925. ⁰⁰	108874
	Cert. Fee	

Date _____

DENIED _____

MISFILED _____

Volume | Page

WITHDRAWN _____

CANCELLED _____

FEES REFUNDED

Date	Amount	Receipt No.
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Priority May 22, 2013

County CLACKAMUS WM# 16

RELATED FILES

ASSIGNMENTS

Date _____

To Whom

Address

DEVELOPMENT

Date _____

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

REMARKS _____

MAP LOCATION _____