

Application No. **R-87947 ALT**

FEES PAID

Date	Amount	Receipt No.
12-13-13	\$1200.00	110691
	Cert. Fee	

Name Dan Hammelman R-87947
 14477 Dominic Rd.
 By Mt. Angel, OR 97362
 Address _____

Permit No. _____
 Certificate No. _____

Date

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume | Page

FEES REFUNDED

Date	Amount	Receipt No.

Priority DECEMBER 13, 2013

County CLATSOP WM# 2016

RELATED FILES

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

REMARKS _____

