

Name _____
By _____
Address _____
Herb Quady 5-8/993
Quady Family Trust
9800 Hwy 238
Jacksonville, OR 97530

Permit No. _____
Certificate No. _____
Date _____
Amount _____
Receipt No. 112543

DENIED _____
MISFILED _____
WITHDRAWN _____
CANCELLED _____
Date _____
Volume _____
Page _____

FEEES REFUNDED

Date _____
Amount _____
Receipt No. _____

Priority JUNE 26, 2014
County JACKSON WM# 13

RELATED FILES

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT

Completion _____
Extended to _____
Final Proof received _____
Proposed Cert. Mailed _____

REMARKS

MAP LOCATION

RS 6/27/2014

