

Name _____ Amanda and Robert Andersen R-88001
By _____ 96360 Territorial Rd.
Address _____ Monroe, OR 97456

Priority _____ AUGUST 4, 2014
County _____ LANE WM# 2

RELATED FILES

DEVELOPMENT

Date

Completion _____
Extended to _____

Final Proof received _____
Proposed Cert. Mailed _____

Application No. R 88001 Alt. _____
Permit No. _____
Certificate No. _____

Date

DENIED _____
MISFILED _____
WITHDRAWN _____
CANCELLED _____

Volume Page

FEEES PAID

Date	Amount	Receipt No.
8/4/14	1070.00	112952

Cert. Fee

FEEES REFUNDED

Date	Amount	Receipt No.

ASSIGNMENTS

Date	To Whom	Address

REMARKS

MAP LOCATION

KS 8/5/2014