

Name Bernee Hazen S-88003
 By 75-5498 Kona Bay Dr.
Kona, HI 96740
 Address _____

Application No. 88003
 Permit No. _____
 Certificate No. _____

FEES PAID		
Date	Amount	Receipt No.
8/18/14	1260.00	113118
	Cert. Fee	

Priority AUGUST 18, 2014
 County JACKSON WM# 13

Date _____
DENIED _____
MISFILED _____
WITHDRAWN _____
CANCELLED _____

Volume	Page

FEES REFUNDED		
Date	Amount	Receipt No.

RELATED FILES

ASSIGNMENTS

DEVELOPMENT Date _____
 Completion _____
 Extended to _____

 Final Proof received _____
 Proposed Cert. Mailed _____

Date	To Whom	Address

REMARKS _____

MAP LOCATION _____

HC 8/18/2014