

Address _____

23400 NE Townsend Way

Fairview, OR 97024

County CLACKAMAS WM# 20

RELATED FILES

DEVELOPMENT

Date _____

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

Permit No. _____

Certificate No. _____

Date _____

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume | Page

FEE PAID

Date	Amount	Receipt No.
10/8/14	1340.00	113654
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

ASSIGNMENTS

Date _____

To Whom

Address

REMARKS _____

MAP LOCATION _____

HS 10/6/2014