

Name David "Steve" Krikpatrick S-88029
 195 Rene Dr.
 By Shady Cove, OR 97539
 Address _____

Application No. **88029**
 Permit No. _____
 Certificate No. _____

FEES PAID

Date	Amount	Receipt No.
10/31/14	1020.00	113854

Date _____
DENIED _____
MISFILED _____
WITHDRAWN _____
CANCELLED _____

Volume	Page

FEES REFUNDED

Date	Amount	Receipt No.

Priority OCTOBER 31, 2014
 County JACKSON WM# 13

RELATED FILES

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT _____ Date _____
 Completion _____
 Extended to _____

 Final Proof received _____
 Proposed Cert. Mailed _____

REMARKS _____

MAP LOCATION _____

KS 11/3/2014