

G17965

FEES PAID

Name _____ Paul Kuschnick G-17965
By _____ 7811 Stratford Dr. NE
Address _____ Salem, OR 97305

Permit No. _____
Certificate No. _____

Date	Amount	Receipt No.
11/25/14	2,200.00	114160

Cert. Fee

Date _____

DENIED

MISFILED

Volume | Page

WITHDRAWN _____

CANCELLED _____

FEES REFUNDED

Date	Amount	Receipt No.

Priority NOVEMBER 25, 2014
County MARION WM# 16

RELATED FILES

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

ASSIGNMENTS

Date _____

To Whom

Address[illegible]

REMARKS

MAP LOCATION

Rev. 04/03

JS 11/25/2014

SMEAD 01 HSP000846