

Name _____
By _____ S-88113
Address _____ Frederic Hoefnagel and Barbara Ure
_____ 5292 Lost Creek Road
_____ Eagle Point, OR 97524

Priority _____ July 28, 2015
County _____ JACKSON 13 WM# 13

RELATED FILES

DEVELOPMENT _____ Date _____
Completion _____
Extended to _____

Final Proof received _____
Proposed Cert. Mailed _____

Application No. _____ S-88113
Permit No. _____
Certificate No. _____

Date _____
DENIED _____
MISFILED _____
WITHDRAWN _____
CANCELLED _____

Volume	Page
_____	_____
_____	_____

FEES PAID		
Date	Amount	Receipt No.
7-28-15	\$ 1,550.00	116771
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	Cert. Fee	_____

FEES REFUNDED		
Date	Amount	Receipt No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSIGNMENTS

Date	To Whom	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REMARKS _____

MAP LOCATION _____

HS 7/28/2015