

Name - Clifton L. Eldred G-18135
By - 5623 Sunnyview Rd. NE
Address - Salem, OR 97305

Priority AUGUST 25, 2015
County MARION WM# 16

Application No. **G-18135**
Permit No. _____
Certificate No. _____

Date _____
DENIED _____
MISFILED _____
WITHDRAWN _____
CANCELLED _____

FEES PAID		
Date	Amount	Receipt No.
8-25-15	1,450. ⁰⁰	117127
	Cert. Fee	

FEES REFUNDED		
Date	Amount	Receipt No.

RELATED FILES

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT

Date

Completion _____
Extended to _____
Final Proof received _____
Proposed Cert. Mailed _____

REMARKS _____

MAP LOCATION _____

KS 8/27/2015