

Application No. S-88138

*E2*

**FEE'S PAID**

Date	Amount	Receipt No.
10-8-15	960.00	117665

Name \_\_\_\_\_  
 By \_\_\_\_\_ S-88138 \_\_\_\_\_  
 William L Swain \_\_\_\_\_  
 Address 2473 Salyer Street \_\_\_\_\_  
 Medford, OR 97501 \_\_\_\_\_

Permit No. \_\_\_\_\_  
 Certificate No. \_\_\_\_\_

Date

DENIED \_\_\_\_\_

MISFILED \_\_\_\_\_

WITHDRAWN \_\_\_\_\_

CANCELLED \_\_\_\_\_

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**FEE'S REFUNDED**

Date	Amount	Receipt No.

Priority OCTOBER 8, 2015  
 County JACKSON WM# 13

**RELATED FILES**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ASSIGNMENTS**

Date	To Whom	Address

**DEVELOPMENT**

Date

Completion \_\_\_\_\_  
 Extended to \_\_\_\_\_  
 \_\_\_\_\_  
 Final Proof received \_\_\_\_\_  
 Proposed Cert. Mailed \_\_\_\_\_

**REMARKS**

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MAP LOCATION \_\_\_\_\_

*MS 10/9/2015*