

Name Osprey Corner LLC G-18173  
By Attn: Shonda K. Warner  
Address 145 Delta  
Clarksdale, MS 38614

Application No. **G- 18173**

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

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

FEES PAID		
Date	Amount	Receipt No.

Date  
**DENIED** \_\_\_\_\_

**MISFILED** \_\_\_\_\_

**WITHDRAWN** \_\_\_\_\_

**CANCELLED** \_\_\_\_\_

Volume	Page

FEES REFUNDED		
Date	Amount	Receipt No.

Priority DECEMBER 15, 2015

County LINN WM# 2

**RELATED FILES**

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

**ASSIGNMENTS**

Date	To Whom	Address

**DEVELOPMENT**

Date

Completion \_\_\_\_\_

Extended to \_\_\_\_\_

Final Proof received \_\_\_\_\_

Proposed Cert. Mailed \_\_\_\_\_

**REMARKS** \_\_\_\_\_

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

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

RS 12/16/2015