

Name _____
By _____
Address _____
Samuel W and Mara J Brand
284 Crossway Drive
Gold Hill, OR 97525

Priority REGULARLY 24, 2016

County JACKSON WM# 13

RELATED FILES

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

Application No. **G- 18199**

Permit No. _____

Certificate No. _____

Date

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume | Page

FEES PAID

Date	Amount	Receipt No.
2/24/16	\$ 2260.00	119013
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

ASSIGNMENTS

Date

To Whom

Address

REMARKS _____

MAP LOCATION _____