

Name Duane and Terise Paulsen G-18307
By 6434 Dark Hollow Rd
Medford, OR 97501

Address _____

Priority June 1, 2016

County JACKSON WM# 17

RELATED FILES

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

Application No. **G-18307**

Permit No. _____

Certificate No. _____

Date

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume Page

FEES PAID

Date	Amount	Receipt No.
5-31-16	\$1900.00	119989
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

ASSIGNMENTS

Date	To Whom	Address

REMARKS _____

MAP LOCATION _____

KS 6/2/2016