

Application No. 86783
 Permit No. _____
 Certificate No. _____

FEES PAID		
Date	Amount	Receipt No.
1-25-07	750.00	85996
	Cert. Fee	

Name _____ S-86783
 By _____ BERT REED
 Address _____ JONETTE REED
 _____ 360 ECHO DR
 _____ ROSEBURG OR 97470

Date _____
 DENIED _____
 MISFILED _____
 WITHDRAWN _____
 CANCELLED _____

Volume	Page

FEES REFUNDED		
Date	Amount	Receipt No.

Priority _____
 County _____ WM# _____

RELATED FILES

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

REMARKS _____

MAP LOCATION _____

JS 1/25/2007