

Name Robert W. Broadbent G-18370
 281 Hillview Dr
 By Grants Pass, OR 97526

Address _____

Priority AUGUST 17, 2016
 County JOSEPHINE WM# 14

RELATED FILES

DEVELOPMENT Date
 Completion _____
 Extended to _____

 Final Proof received _____
 Proposed Cert. Mailed _____

Application No. **G- 18370**
 Permit No. _____
 Certificate No. _____

Date _____
DENIED _____
MISFILED _____
WITHDRAWN _____
CANCELLED _____

Volume	Page
_____	_____
_____	_____

FEES PAID

Date	Amount	Receipt No.
8-17-16	1,900.00	120958
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Cert. Fee _____

FEES REFUNDED

Date	Amount	Receipt No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSIGNMENTS

Date	To Whom	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REMARKS _____

MAP LOCATION _____