

Name - Michael Kirschnick
By - 26441 Mlawa Drive
Eugene, OR 97402
Address _____

Priority SEPTEMBER 14, 2016
County LANE WM# 2

RELATED FILES

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

Application No. **G-18385**

Permit No. _____

Certificate No. _____

Date

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume | Page

FEES PAID

Date	Amount	Receipt No.
9-14-16	1,900. ⁰⁰	121296
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

ASSIGNMENTS

Date	To Whom	Address

REMARKS _____

MAP LOCATION _____