

Name Barbara K. Coon G-18389
By 26681 High Pass Rd
Junction City, OR 97448
Address _____

Priority SEPTEMBER 22, 2016
County CANE WM# 2

RELATED FILES

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

Application No. **G- 18389**
Permit No. _____
Certificate No. _____

Date

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume Page

FEES PAID

Date	Amount	Receipt No.
<u>9-22-16</u>	<u>2,500.00</u>	<u>121395</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	Cert. Fee	_____

FEES REFUNDED

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

ASSIGNMENTS

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

REMARKS _____

MAP LOCATION _____