

Name Paul Eichwald G-18400
330 Hillview Dr
By Williams, OR 97527

Address _____

Priority OCTOBER 17, 2016
County JOSEPHINE WM# 14

RELATED FILES

DEVELOPMENT Date
Completion _____
Extended to _____

Final Proof received _____
Proposed Cert. Mailed _____

Application No. **G-18400**

Permit No. _____
Certificate No. _____

Date _____
DENIED _____
MISFILED _____
WITHDRAWN _____
CANCELLED _____

Volume | Page
_____|_____
_____|_____

FEES PAID		
Date	Amount	Receipt No.
10-17-16	1900.00	121619
	Cert. Fee	

FEES REFUNDED		
Date	Amount	Receipt No.

ASSIGNMENTS

Date	To Whom	Address

REMARKS _____

MAP LOCATION _____

11/10/2016