

S 88359

Application No. _____

Permit No. _____

Certificate No. _____

Date

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume Page

FEES PAID

Date	Amount	Receipt No.
1/19/17	1,350. ⁰⁰	122401
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

Name _____
 By _____
 Address _____
 O'Hara Revocable Living Trust
 Patricia O'Hara, Trustee
 5061 Lower River Road
 Grants Pass, OR 97526 S-88359

Priority January 19, 2017

County Polk WM# 14

RELATED FILES

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT _____ Date _____
 Completion _____
 Extended to _____

 Final Proof received _____
 Proposed Cert. Mailed _____

REMARKS

MAP LOCATION _____