

Name _____
By _____
Address _____
Scott Rubel and Rachel Schatz
37246 S. Blue Rd
Molalla, OR 97038
R-88366

Application No. R-88366
Permit No. _____
Certificate No. _____

FEES PAID

Date	Amount	Receipt No.
2/13/17	1040.00	122620
	Cert. Fee	

Date

DENIED _____
MISFILED _____
WITHDRAWN _____
CANCELLED _____

Volume | Page

FEES REFUNDED

Date	Amount	Receipt No.

Priority February 13, 2016
County CLATSOP WM# 16

RELATED FILES

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT

Date

Completion _____
Extended to _____

Final Proof received _____
Proposed Cert. Mailed _____

REMARKS

MAP LOCATION

Rev 01/02