

Application No. G-18495

FEES PAID

Date	Amount	Receipt No.
4-14-17	\$1900 ⁰⁰	123163
	Cert. Fee	

Name Robert Mark Cox G-18495
 By 35554 Spicer Dr.
 Address Lebanon, OR 97355

Permit No. _____
 Certificate No. _____

Date

DENIED _____
MISFILED _____ Volume _____ Page _____
WITHDRAWN _____
CANCELLED _____

FEES REFUNDED

Date	Amount	Receipt No.

Priority APRIL 14, 2017
 County Linn WM# 2

RELATED FILES

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT

Date

Completion _____
 Extended to _____

 Final Proof received _____
 Proposed Cert. Mailed _____

REMARKS

MAP LOCATION

28 4/20/2017