

Application No. S- 88398

FEES PAID

Date	Amount	Receipt No.
4/25/17	\$2,221.00	123251
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

Permit No. _____
Certificate No. _____

Date _____

DENIED _____

MISFILED _____

Volume | Page

WITHDRAWN _____

CANCELLED _____

Name _____
By ACMPC Oregon 3, LLC S-88398
Address PO Box 717
Jefferson, OR 97352

Priority APRIL 25, 2017

County YAMHILL WM# 16

RELATED FILES

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

REMARKS _____

MAP LOCATION _____