

Application No. R 88425

**FEES PAID**

Permit No. \_\_\_\_\_

Certificate No. \_\_\_\_\_

Date	Amount	Receipt No.
7/10/17	950.00	123932
	Cert. Fee	

Name R-88425  
 By Coquille Indian Tribe  
 Add ATTN: Brenda Meade, Tribal Chairperson  
PO Box 783  
North Bend, OR 97459

Date

**DENIED** \_\_\_\_\_

**MISFILED** \_\_\_\_\_

Volume | Page

**WITHDRAWN** \_\_\_\_\_

**CANCELLED** \_\_\_\_\_

**FEES REFUNDED**

Date	Amount	Receipt No.

Priority July 10, 2017

County COOS WM# 19

**RELATED FILES**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ASSIGNMENTS**

Date	To Whom	Address

**DEVELOPMENT**

Date

Completion \_\_\_\_\_

Extended to \_\_\_\_\_

Final Proof received \_\_\_\_\_

Proposed Cert. Mailed \_\_\_\_\_

**REMARKS** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MAP LOCATION** \_\_\_\_\_