

Application No. R 88430 ALT

Permit No. _____

Certificate No. _____

FEES PAID

Date	Amount	Receipt No.
7-24-17	1000.00	124043
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

ASSIGNMENTS

Date	To Whom	Address

REMARKS _____

MAP LOCATION _____

Name Aaron Wilcott R-88430
Address PO Box 467
Donald, OR 97020

Priority July 27, 2017

County WASHINGTON WM# 18

RELATED FILES

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

as attached