

Application No. R-88435 ^{ALT}

Permit No. _____

Certificate No. _____

Date _____

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume _____ Page _____

FEES PAID

Date	Amount	Receipt No.
8-3-17	\$1,140.00	124166

Cert. Fee _____

FEES REFUNDED

Date	Amount	Receipt No.

Name Jennifer Marshall R-88435
By 11381 Meadows RD
Address White City, OR 97503

Priority AUGUST 3, 2017

County JACKSON WM# 13

RELATED FILES

DEVELOPMENT

Date _____

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

ASSIGNMENTS

Date	To Whom	Address

REMARKS

MAP LOCATION
