

Application No. S 88436

FEES PAID

Date	Amount	Receipt No.
8-4-17	\$1705 ⁰⁰	124184
	Cert. Fee	

ame	By	Address	S-88436
Melissa Smith			
PO Box 1695			
Roseburg, OR 97470			

Permit No. _____

Certificate No. _____

Date

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume | Page

FEES REFUNDED

Date	Amount	Receipt No.

Priority AUGUST 4, 2017

County DOUGLAS WM# 15

RELATED FILES

- _____
- _____
- _____
- _____

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

REMARKS

- _____
- _____
- _____
- _____
- _____
- _____
- _____

MAP LOCATION