

Application No. S-88493

FEE PAID

Date	Amount	Receipt No.
1/4/18	2,713.00	125598

Name _____
By William D Leavens S-88493
Address PO Box 3127
Central Point, OR 97502

Permit No. _____
Certificate No. _____

Date

DENIED _____

MISFILED _____ Volume _____ Page _____

WITHDRAWN _____

CANCELLED _____

FEE REFUNDED

Date	Amount	Receipt No.

Priority JANUARY 4, 2018
County TACKLOW WM# 15

RELATED FILES

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT Date _____
Completion _____
Extended to _____
Final Proof received _____
Proposed Cert. Mailed _____

REMARKS

MAP LOCATION