

Application No. 88495

Permit No. _____

Certificate No. _____

FEES PAID

Date	Amount	Receipt No.
1/10/18	1,777.00	125028

Date

DENIED _____

MISFILED _____

Volume | Page

WITHDRAWN _____

CANCELLED _____

FEES REFUNDED

Date	Amount	Receipt No.

Cert. Fee

Name Coquille Tribe S-88495
 By Attn: Brenda Meade, Tribal Chairperson
 Address PO Box 783
North Bend, OR 97459

Priority JANUARY 10, 2018

County Cos WM# 19

RELATED FILES

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

REMARKS _____

MAP LOCATION _____