

Name _____
By _____
Address _____
Peter Dinsdale
PO Box 357
Independence, OR 97351
R-88499

Priority JANUARY 16, 2018
County CLATSOP WM# 16

RELATED FILES

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

Application No. R- 88499 ALT
Permit No. _____
Certificate No. _____

Date _____
DENIED _____
MISFILED _____
WITHDRAWN _____
CANCELLED _____

Volume _____
Page _____

FEES PAID

Date	Amount	Receipt No.
1-16-18	\$1,280.00	125660
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

ASSIGNMENTS

Date	To Whom	Address

REMARKS _____

MAP LOCATION