

Application No. IS 88622

FEES PAID

Date	Amount	Receipt No.

Name _____
 By _____
 Address _____

Permit No. _____
 Certificate No. _____

Priority 3/21/2018

County Lincoln WM# 1

Date

DENIED _____
MISFILED _____
WITHDRAWN _____
CANCELLED _____

Volume	Page

FEES REFUNDED

Date	Amount	Receipt No.

RELATED FILES

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT

Date

Completion _____
 Extended to _____

 Final Proof received _____
 Proposed Cert. Mailed _____

REMARKS _____

MAP LOCATION _____