

Name G-18743
 Jason Kehrberg
 By PO Box 791
 John Day, Or. 97845
 Address _____

Application No. **G-18743**

Permit No. _____

Certificate No. _____

Date _____

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume | Page

FEES PAID

Date	Amount	Receipt No.
10-9-18	\$3,610.00	128150

Cert. Fee _____

FEES REFUNDED

Date	Amount	Receipt No.

Priority October 9, 2018
 County GRANT WM# 4

RELATED FILES

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT

Date

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

REMARKS _____

MAP LOCATION _____