

Application No. **G-18831**

Permit No. _____

Certificate No. _____

Date

DENIED _____

MISFILED _____ Volume Page

WITHDRAWN _____

CANCELLED _____

FEES PAID

Date	Amount	Receipt No.
6-6-19	\$2560.00	129925
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

G-18831
 Jack Hempicine LLC
 Attn: Seth Crawford
 7744 NW Mint Ave
 Albany OR 9321

Priority 6-6-19
 County BENT WM# 16

RELATED FILES

ASSIGNMENTS

DEVELOPMENT

Date

Date

To Whom

Address

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

REMARKS

MAP LOCATION

MJB 6-11-19