Name _____

By _____

Address _____

_____

_____

_____

Priority 6-6-19

County DOUG WM# 15

RELATED FILES

_____

_____

_____

_____

Application No. S 88700 E-2

Permit No. _____

Certificate No. _____

	Date	Volume	Page
DENIED			
MISFILED			
WITHDRAWN			
CANCELLED			

FEES PAID

Date	Amount	Receipt No.
6-6-19	$4,705.00	129922
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

DEVELOPMENT Date

Completion _____

Extended to _____

_____

Final Proof received _____

Proposed Cert. Mailed _____

ASSIGNMENTS

Date	To Whom	Address

REMARKS _____

_____

_____

_____

_____

_____

_____

_____

MAP LOCATION _____

MJB 6-11-19

Rev. 04/03