Application No. G- 18795

Permit No. _____

Certificate No. _____

Name _____

By _____

Address _____

G-18795
Gregory Reed
12230 Marshland Rd
Clatskanie, OR 97016

Priority 7-8-19

County COLU WM# 18

RELATED FILES

_____

_____

_____

_____

	Date
DENIED	
MISFILED	
WITHDRAWN	
CANCELLED	

Volume	Page

FEES PAID

Date	Amount	Receipt No.
10-26-19	$2,390.00	130104
	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 _____

MLR 7-8-19

Rev. 04/03