Name S-88725 By _ Eldon J. & Kim D. Nelson Address	Application No. Permit No. Certificate No. Date			FEES PAID Date 7/25/19	Amount 1800.00	Receipt No. 3 0 3 1/4 1
Priority 7-25-19 County LINN WM# 2			volume rage	FEES REFU	Cert. Fee NDED Amount	Receipt No.
RELATED FILES DEVELOPMENT Date	ASSIGNMENTS Date	To Whom			Address	
Extended to Final Proof received Proposed Cert. Mailed						
Troposed Cert. Manea			. 1			
MfB 7-29-19			MAP LO	OCATION		Rev. 04/03