

Application No. R-88738 AltRes FEES PAID

Permit No. _____

Certificate No. _____

Date	Amount	Receipt No.
9/3/19	2820.00	130743

Date

DENIED _____

MISFILED _____

Volume | Page

WITHDRAWN _____

CANCELLED _____

FEES REFUNDED

Date	Amount	Receipt No.

Name: **R-88738**
 E: **Craig Edminster**
 Address: **PO Box 3162**
Albany OR 97321

Priority: SEPT 3, 2019

County: LINN WM# 2

RELATED FILES

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

REMARKS

MAP LOCATION