

Application No. S- 88844

Permit No. _____

Certificate No. _____

FEES PAID

Date	Amount	Receipt No.
6-29-2020	\$ 2150.00	132909
	Cert. Fee	

Name S-88844 Applicant # 1
 By Clifford Family Trust
c/o Neil and/or Delaine Clifford
 Address 493 Quail Lane
Roseburg, OR 97471

Date

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume | Page

FEES REFUNDED

Date	Amount	Receipt No.

Priority 6/29/2020

County Douglas WM# 15

RELATED FILES

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

REMARKS _____

S-88844 Applicant # 2
Harlan and/or Debra Lee
535 Quail Lane
Roseburg, OR 97471

S-88844 Applicant # 3