

City County

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PLAN # 19849

APPLICATION FOR THE PLANNING CLEARANCE FOR A BUILDING PERMIT

SUBMITTALS REQUIRED: (2) Plot Plans showing Parking, Landscaping, Setbacks to all property lines, and all streets which abut the parcel:

BLDG ADDRESS: 2530 N 8th
SUBDIVISION: Capitol Hill
FILING # _____ BLK # _____ LOT # _____
TAX SCHEDULE NUMBER:
2945-111-16-001-002

SQ FT OF BLDG: 32000
SQ FT OF LOT: _____
NUMBER OF FAMILY UNITS: _____
NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION

PROPERTY OWNER: P.H. Management
ADDRESS: 2754 Compass
PHONE: _____

USE OF ALL EXISTING BUILDINGS: _____

DESCRIPTION OF WORK AND INTENDED USE:
Medical Bldg.

FOR OFFICE USE ONLY

ZONE: B-1
SETBACKS: F 0 S 0 R 0
RIGHT OF WAY: _____
MAXIMUM HEIGHT: _____
PARKING SPACES REQUIRED: _____
LANDSCAPING/SCREENING: _____

FLOOD PLAIN: YES NO
GEOLOGIC HAZARD: YES NO
CENSUS TRACT NUMBER: 5
SPECIAL CONDITIONS: Foundation permit previously issued Plot plan on that permit #19659

ANY MODIFICATION TO THIS APPROVED PLANNING CLEARANCE MUST BE APPROVED IN WRITING BY THIS DEPARTMENT.
THE STRUCTURE APPROVED BY THIS APPLICATION CANNOT BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY (CO) IS ISSUED BY THE BUILDING DEPARTMENT (Section 307, Uniform Building Code).
ANY LANDSCAPING REQUIRED BY THIS PERMIT SHALL BE MAINTAINED IN AN ACCEPTABLE AND HEALTHY CONDITION. THE REPLACEMENT OF ANY VEGETATION MATERIALS THAT DIE OR ARE IN AN UNHEALTHY CONDITION SHALL BE REQUIRED.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THE ABOVE IS CORRECT AND I AGREE TO COMPLY WITH THE REQUIREMENTS ABOVE. FAILURE TO COMPLY SHALL RESULT IN LEGAL ACTION.

Jim Wilson
SIGNATURE

DATE APPROVED: 1/4/54
APPROVED BY: [Signature]