	SQ. FT. OF BLDG:
SUBDIVISION:	SQ. FT. OF LOT:
FILING # BLK # LOT #	NUMBER OF FAMILY UNITS:
TAX SCHEDULE NUMBER: 2945-123-25-011	NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTIO
ADDRESS: Abore	USE OF ALL EXISTING BUILDINGS:
PHONE:	Comea Stop
DESCRIPTION OF WORK AND INTENDED USE: <u>Orust Just light room</u> Interior remodel FOR OFFICE	SUBMITTALS REQ'D: TWO (2) PLOT PLANS SHOWING PARKING, LAND- SCAPING, SETBACKS TO ALL PROPER LINES, AND ALL STREETS WHICH AB THE PARCEL.
_ONE:	FLOODPLAIN: YES NO
SETBACKS: F S R MAXIMUM HEIGHT:	GEOLOGIC HAZARD: YES NO
PARKING SPACES REQ'D:	CENSUS TRACT #:
LANDSCAPING/SCREENING:	TRAFFIC ZONE:
	SPECIAL CONDITIONS:
ANY MODIFICATION TO THIS APPROVED PLANN WRITING, BY THS DEPARTMENT. THE STRUCT CANNOT BE OCCUPIED UNTIL A CERTIFICATE BUILDING DEPARTMENT (SECTION 307, UNIFO	NING CLEARANCE MUST BE APPROVED, IN CURE APPROVED BY THIS APPLICATION OF OCCUPANCY (C.O.) IS ISSUED BY TH ORM BUILDING CODE.) F SHALL BE MAINTAINED IN AN ACCEPTAB OF ANY VEGETATION MATERIALS THAT DI
ANY LANDSCAPING REQUIRED BY THIS PERMIT AN HEALTHY CONDITION. THE REPLACEMENT OR ARE IN AN UNHEALTHY CONDITION SHALL I HEREBY ACKNOWLEDGE THAT I HAVE READ T CORRECT AND I AGREE TO COMPLY WITH THE DMPLY SHALL RESULT IN LEGAL ACTION.	
AN HEALTHY CONDITION. THE REPLACEMENT OR ARE IN AN UNHEALTHY CONDITION SHALL I HEREBY ACKNOWLEDGE THAT I HAVE READ T CORRECT AND I AGREE TO COMPLY WITH THE	