ANY MODIFICATION TO THIS APPROVED PLANNING CLEARANCE MUST BE APPROVED, IN WRITING, BY THS DEPARTMENT. THE STRUCTURE APPROVED BY THIS APPLICATION

AN HEALTHY CONDITION. THE REPLACEMENT OF ANY VEGETATION MATERIALS THAT DIE

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 MPLY SHALL RESULT IN LEGAL ACTION.

DATE APPROVED:

APPROVED BY: