FEF_\$ 10,00 TCP \$ SIF \$	BLDG PERMIT NO. UZZ57
PLANNING CLEARANCE   (Single Family Residential and Accessory Structures)   Community Development Department	
BLDG ADDRESS 2026 ASPEN ST.	TAX SCHEDULE NO. 2945-261-14-003
SUBDIVISION ON HEIGHTS	SQ. FT. OF PROPOSED BLDG(S)/ADDITION 120
FILING BLK _ 27 LOT _// 2/2	SQ. FT. OF EXISTING BLDG(S) $\frac{16 \times 30 + 920}{400} = 100$
	NO. OF DWELLING UNITS BEFORE:AFTER:THIS CONSTRUCTION
(1) ADDRESS 2026 Heper ST (1) TELEPHONE 243 -4917	NO. OF BLDGS ON PARCEL
	BEFORE: AFTER: THIS CONSTRUCTION USE OF EXISTING BLDGS HOUSE & GARAGY C
(2) APPLICANT <u>SAJYE</u> (2) ADDRESS	DESCRIPTION OF WORK AND INTENDED USE: Addition
<sup>(2)</sup> TELEPHONE	<u>A 14 x 10 ENCLOSED AERA FOR A HOR TUB</u>
· · · · · · · · · · · · · · · · · · ·	all existing & proposed structure location(s), parking, setbacks to all
property lines, ingress/egress to the property, driveway location & width & all easements & rights-of-way which abut the parcel.	
THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF 3	
ZONE <u>RSF-B</u>	Maximum coverage of lot by structures $-45\%$
SETBACKS: Front $5^{\prime}$ from property line (PL) or $5^{\prime}$ from center of ROW, whichever is greater	Parking Req'mt
Side $_5'$ from PL Rear $_{15'}$ from PL	Special Conditions Combrung
Maximum Height 321	2 Vuldenge
	CENSUSTRAFFICANNX#
Modifications to this Planning Clearance must be approved, in writing, by the Director of the Community Development Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued by the Building Department (Section 305, Uniform Building Code).	
I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include but not necessarily be limited to non-use of the building(s).	
Applicant Signature	Date C) - / - 4
Department Approval / Komu El Way	Date <u>10-1-97</u>
dditional water and/or server tap fee(s) are required: YES NO W/O No	

Utility Accounting A Collection Date \_\_\_\_\_ Date \_\_\_\_\_\_ Date \_\_\_\_\_\_ Date \_\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_

(White: Planning)

(Yellow: Customer)

(Pink: Building Department)

(Goldenrod: Utility Accounting)

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ASPEN ST.

2026 ASPEN

