3364-2092 FEE \$ 10.00 TCP \$ 6 SIF \$ 6

(White: Planning)

(Yellow: Customer)

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

BLDG PERMIT NO.	12245

Your Bridge to a Better Community

(Goldenrod: Utility Accounting)

BLDG ADDRESS 1825 GRAVA	SQ. FT. OF PROPOSED BLDGS/ADDITION 14'X14'	
TAX SCHEDULE NO. 2945-133-01-010	SQ. FT. OF EXISTING BLDGS 34-6" X 16-6"	
SUBDIVISION <u>East Main St. Sub</u>	TOTAL SQ. FT. OF EXISTING & PROPOSED	
FILING BLK DI LOT OID	NO. OF DWELLING UNITS: Before:	
(1) OWNER JORRY SHAAF	NO. OF BUILDINGS ON PARCEL Before:/ After: this Construction	
(1) ADDRESS 1825 GRUND	USE OF EXISTING BUILDINGS	
(1) TELEPHONE 243 7819	DESCRIPTION OF WORK & INTENDED USE BECKEDING	
(2) APPLICANT SAME	TYPE OF HOME PROPOSED:	
(2) ADDRESS SAME	Site Built Manufactured Home (UBC) Manufactured Home (HUD)	
(2) TELEPHONE Sujust	Other (please specify)	
REQUIRED: One plot plan, on 8 ½" x 11" paper, showing 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.		
ZONE	Parking Regimt	
Modifications to this Planning Clearance must be approved, in writing, by 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, if applicable, 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 D		
Applicant Signature Verry C. Schan	Date 10-1-99	
Department Approval Conne Edwards Date 10-1-99		
Additional water and/or sewer tap fee(s) are required:	YES NO W/O No. No cha in Use	
Utility Accounting Q al. 10		
	Date 0 1/99	

(Pink: Building Department)

