FEE\$	1000
TCP\$	_
SIF \$	

(White: Planning)

(Yellow: Customer)

## **PLANNING CLEARANCE**

Modular Home BLDG PERMIT NO. 74554

(Single Family Residential and Accessory Structures)

Community Development Department



Your Bridge to a Better Community

(Goldenrod: Utility Accounting)

BLDG ADDRESS 930 IN depentace	SQ. FT. OF PROPOSED BLDGS/ADDITION 32 x 36		
TAX SCHEDULE NO. <u>2945-104-01-006</u>	SQ. FT. OF EXISTING BLDGS		
SUBDIVISION WOST LAKE PARK	TOTAL SQ. FT. OF EXISTING & PROPOSED		
OWNER LEO Nardo LoPez	NO. OF DWELLING UNITS:  Before: After: this Construction  NO. OF BUILDINGS ON PARCEL  Before: After: this Construction		
(1) ADDRESS 800 Indepent Ave #40	USE OF EXISTING BUILDINGS MHP		
(1) TELEPHONE <u>248-090/</u> (2) APPLICANT <u>54 m.e.</u> (2) ADDRESS	TYPE OF HOME PROPOSED:  Site Built Manufactured Home (UBC) Manufactured Home (HUD)		
REQUIRED: One plot plan, on 8 $\frac{1}{2}$ " 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.			
THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF			
ZONE	Maximum coverage of lot by structures		
SETBACKS; Front from property line (PL) or from center of ROW, which ever is greater  Side from PL, Rear from F  Maximum Height	Parking Req'mt		
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 Luprovilo Jope	Date 3 - 30 - 00		
Department Approval Senta Hostello Date 3-30-00			
dditional water and/or sewer tap fee(s) are required:			
	YES NO W/O No.		
Utility Accounting Selection 1	YES NO W/O No.  Date 3/30 / CD		

(Pink: Building Department)