TCP\$ (0.60)

(White: Planning)

(Yellow: Customer)

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

BLDG PERMIT NO.	80192
DEDG FERMIT NO.	110110



Your Bridge to a Better Community

(Goldenrod: Utility Accounting)

BLDG ADDRESS	
TAX SCHEDULE NO. <u>2943-063-18-007</u> SQ. FT. OF EXISTING BLDGS	
SUBDIVISION GRADO VIEW TOTAL SQ. FT. OF EXISTING & PROPOSED 2/60	
FILING Z BLK Z LOT 4 NO. OF DWELLING UNITS; Before: After: / this Construction NO. OF BUILDINGS ON PARCEL Before: After: this Construction After: this Construction	
(1) TELEPHONE 434-5949 USE OF EXISTING BUILDINGS	
(2) APPLICANT SIM SENSEN DESCRIPTION OF WORK & INTENDED USE New HOME	
TYPE OF HOME PROPOSED: Site Built Manufactured Home (UBC) Manufactured Home (HUD) 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.	
THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF	
ZONE Remarks Maximum coverage of lot by structures (000 a	
SETBACKS: Front from property line (PL) Permanent Foundation Required: YES_X NO from center of ROW, whichever is greater Parking Req'mt	
Side 5 from PL, Rear 25 from PL Special Conditions	
Maximum Height 35 (CENSUS 10 TRAFFIC 2 2 ANNX#	
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 den dens Date U-5-01	
Department Approval C. Laye Doson Date 6 8 0)	
Additional water and/or sewer tap fee(s) are required: YES NO W/O No. 1402 O	
Additional water and/or sewer tap fee(s) are required: YES NO W/O No. 1402 O Utility Accounting Date 4/8/0/	

(Pink: Building Department)