FEE\$	10.00
TCP\$	None
CIE¢	Hear

PLANNING CLEARANCE

BLDG PERMIT NO.

(Single Family Residential and Accessory Structures) **Community Development Department**



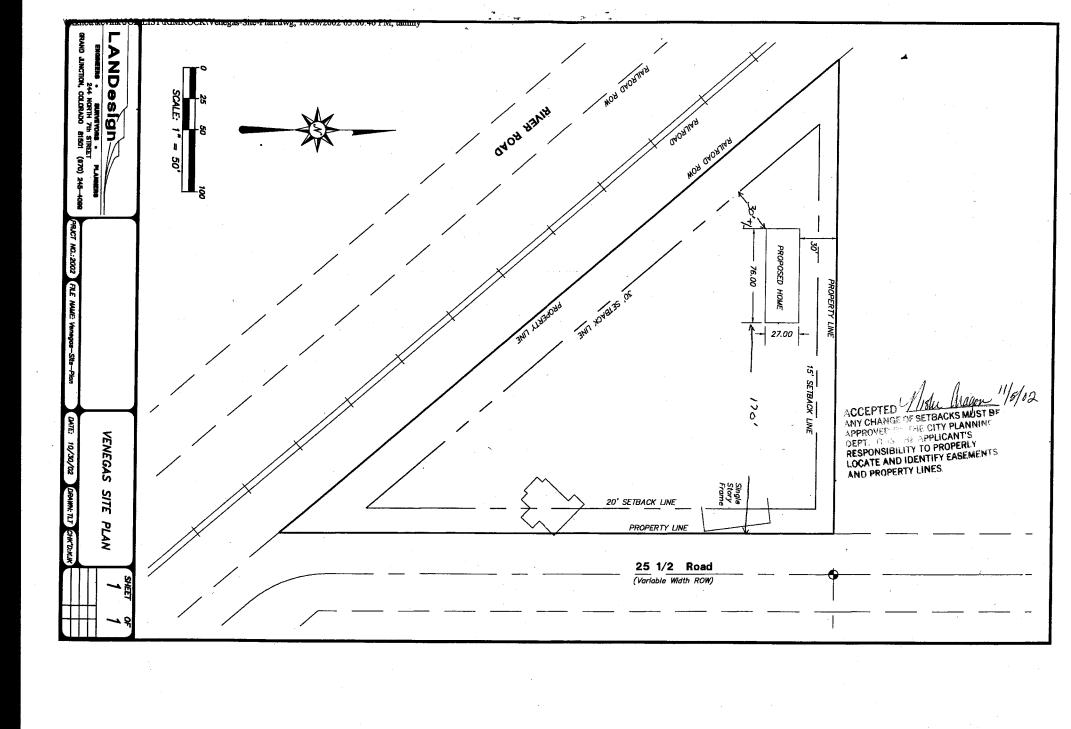
321-843	Your Bridge to a Better Community
BLOG ADDRESS 690 & CROSby ASE	SQ. FT. OF PROPOSED BLDGS/ADDITION <u> </u>
TAX SCHEDULE NO. 2945-152-60-067	·
SUBDIVISION	TOTAL SQ. FT. OF EXISTING & PROPOSED <u>202</u>
FILING BLK LOT (1) OWNER JURD VENEGRS. (1) ADDRESS 696 CROSDY ADE (1) TELEPHONE 242-7160 (2) APPLICANT GOY KRAFT (2) ADDRESS 1425 M 20 858-4680 OCC. (2) TELEPHONE 234-4400 CEII	NO. OF DWELLING UNITS: Before:/ After: this Construction NO. OF BUILDINGS ON PARCEL Before: After: this Construction USE OF EXISTING BUILDINGS Residence DESCRIPTION OF WORK & INTENDED USE ON PERM. CONSTRUCTION TYPE OF HOME PROPOSED: Site Built Manufactured Home (UBC) Manufactured Home (HUD) Other (please specify)
property lines, ingress/egress to the property, driveway lo	all existing & proposed structure location(s), parking, setbacks to all cation & width & all easements & rights-of-way which abut the parcel. OMMUNITY DEVELOPMENT DEPARTMENT STAFF
ZONE	Maximum coverage of lot by structures
SETBACKS: Front from property line (PL) or from center of ROW, whichever is greater Side from PL, Rear from P	Parking Poglmt
Brindled by ZtD Code Section 3.8	CENSUS TRAFFIC ANNX#
Modifications to this Planning Clearance must be approximated structure authorized by this application cannot be occupild Occupancy has been issued, if applicable, by the Buildin I hereby acknowledge that I have read this application and ordinances, laws, regulations or restrictions which apply to action, which may include but not necessarily be limited to Applicant Signature	wed, in writing, by the Community Development Department. The ed until a final inspection has been completed and a Certificate of g Department (Section 305, Uniform Building Code). the information is correct; I agree to comply with any and all codes, o the project. I understand that failure to comply shall result in legal to non-use of the building(s). Date Date
Department Approval (au)	Date /0/3//0 C
Additional water and/or sewer tap fee(s) are required:	YES NO W/O No.
Utility Accounting	Date //-5-02
VALID EOD SIY MONTHS EDOM DATE OF ISSUANCE	

(White: Planning)

(Yellow: Customer)

(Pink: Building Department)

(Goldenrod: Utility Accounting)



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