FEE \$	10.00
TCP\$	Ø
CIE®	292 (17)

(White: Planning)

(Yellow: Customer)

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

BLDG	PERMIT	NO.	829	10



BLDG ADDRESS 659 CROSSINCST	SQ. FT. OF PROPOSED BLDGS/ADDITION // 96 FT
TAX SCHEDULE NO. 2945-032-83-00	
SUBDIVISION CAMETT BSTATES	TOTAL SQ. FT. OF EXISTING & PROPOSED 11 96 #
FILING BLK 3 LOT 1 (1) OWNER Lee Hones	NO. OF DWELLING UNITS: Before: this Construction NO. OF BUILDINGS ON PARCEL
(1) ADDRESS 569 S, westerte #3	Before: After: this Construction
(1) TELEPHONE 245-0672	USE OF EXISTING BUILDINGS
(2) APPLICANT	DESCRIPTION OF WORK & INTENDED USE New RESIDENCE
(2) ADDRESS (2) TELEPHONE	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 cation & width & all easements & rights-of-way which abut the parcel.
ZONE RMF-8	Maximum coverage of lot by structures
SETBACKS: Front of ROW, whichever is greater	Permanent Foundation Required: YES_XNO
Side 5 from PL, Rear /0' from P	Parking Req'mt 2
Maximum Height 321	Special Conditions (Ittle from Engently CENSUS / O TRAFFIC / ANNX#
	ved, in writing, by the Community Development Department. The led 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, the project. I understand that failure to comply shall result in legal to non-use of the building(s).
Applicant Signature	Date 11 JAN02
Department Approval Bayleen Henders	Date 1-14-02
Additional water and/or sewer tap fee(s) are required:	YES NO W/O No. 1/15/2
1/6 b 1 M / M	14307
Utility Accounting Catherine She	Mo 10 14 10 2

(Pink: Building Department)

(Goldenrod: Utility Accounting)

1-14-02 Dayler He derson

OKS MUST

GARRETT ESTATES SUBDIVISION

