FEE \$ 10.00PLANNING CLTCP \$ 0(Single Family Residential and Community Develop)SIF \$ 0Community Develop)39 Set - 12538BLDG ADDRESS 2751 Olson AVE	ment Department Your Bridge to a Better Community
TAX SCHEDULE NO. <u>2945-244-00-146</u> SUBDIVISION <u>Not in sub</u> township FILING <u>ISIW</u> BLK <u>34</u> LOT (1) OWNER <u>Martin + cynthia Reis</u> (1) ADDRESS <u>2751 ofson Ave</u> (1) TELEPHONE <u>242 7974</u> (2) APPLICANT <u>Martin + cynthia Reis</u> (2) ADDRESS <u>2751 Ofson Ave</u> (2) TELEPHONE <u>242-7974</u>	SQ. FT. OF EXISTING BLDGS <u>875</u> TOTAL SQ. FT. OF EXISTING & PROPOSED <u>1643</u> NO. OF DWELLING UNITS: Before: <u>1</u> After: <u>1</u> this Construction NO. OF BUILDINGS ON PARCEL Before: <u>1</u> After: <u>8</u> this Construction USE OF EXISTING BUILDINGS <u>Home</u> DESCRIPTION OF WORK & INTENDED USE <u>Build Building</u> <u>Storage</u> TYPE OF HOME PROPOSED: <u>Site Built</u> Manufactured Home (UBC) <u>Site Built</u> Manufactured Home (UBC) <u>Manufactured Home (HUD)</u> Other (please specify)
property lines, ingress/egress to the property, driveway loo	All existing & proposed structure location(s), parking, setbacks to all cation & width & all easements & rights-of-way which abut the parcel. DMMUNITY DEVELOPMENT DEPARTMENT STAFF Maximum coverage of lot by structures 70% Permanent Foundation Required: YES_X NO Parking Req'mt 2 L Special Conditions CENSUS 12 TRAFFIC 80 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 Martin Reid finthe	<u>à Reid</u> Date	1-16-02	
Department Approval C. + Oug Sub	Date Date	1/23/	02
Additional water and/or sewer tap fee(s) are required:	YES NO	, W/O No	5 Pristing
	Date		prem,
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE			Development Code)
VALID FOR GIA MONTHOLING TROM DATE OF 1000 AND		unction zoning a t	

(White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Acco	unting)
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