FEE\$	0.00
TCP \$	Ø
ŠIF \$ 292.00	

PLANNING CLEARANCE

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





BLDG ADDRESS 664 Spring Broste	SQ. FT. OF PROPOSED BLDGS/ADDITION //5/
TAX SCHEDULE NO. 2943-051-07-007	
SUBDIVISION BrookSede	TOTAL SQ. FT. OF EXISTING & PROPOSED 15-40 W
FILING 2 BLK 7 LOT 6	NO. OF DWELLING UNITS:
(1) OWNER Dark (Cc	Before: After: this Construction NO. OF BUILDINGS ON PARCEL
(1) ADDRESS 786 Vally CT	Before: After: this Construction
(1) TELEPHONE 523-5555	USE OF EXISTING BUILDINGS
(2) APPLICANT Grace Homs	DESCRIPTION OF WORK & INTENDED USE New Horse
(2) ADDRESS 786 Vally ct	TYPE OF BOME PROPOSED: Site Built Manufactured Home (UBC)
(2) TELEPHONE 523-575-	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 PD	Maximum coverage of lot by structures 35 50
SETBACKS: Front Of From property line (PL) or from center of ROW, whichever is greater	
Side from PL, Rear 0' from P	
Maximum Height 321	Special Conditions
	CENSUS TRAFFIC 45 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	Date $3/27/02$
Department Approval 4/18/11 Magne	Date 4/2/12
Additional water and/or sewer tap fee(s) are required:	YES NO W/O/Ne./7
Utility Accounting	
Office Accounting A Same	Date 4-2-02

