## TCP\$ 500.00 SIE\$ 292.00

## PLANNING CLEARANCE

BLDG PERMIT NO.

(Single Family Residential and Accessory Structures)

Community Development Department



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SQ. FT. OF PROPOSED BLDGS/ADDITION 2177BLDG ADDRESS (a)11 TAX SCHEDULE NO. 2945-032-89-005 SQ. FT. OF EXISTING BLDGS TOTAL SQ. FT. OF EXISTING & PROPOSED  $2137^{\#}$ NO. OF DWELLING UNITS: Before: After: this Construction (1) OWNER Sonshine NO. OF BUILDINGS ON PARCEL Before: After: / this Construction (1) ADDRESS \_\_\_\_ USE OF EXISTING BUILDINGS (1) TELEPHONE DESCRIPTION OF WORK & INTENDED USE Single Frankly (2) APPLICANT TYPE OF HOME PROPOSED: (2) ADDRESS X Site Built \_\_\_\_\_ Manufactured Home (UBC) Manufactured Home (HUD) (2) TELEPHONE 255-8853 Other (please specify) REQUIRED: One plot plan, on 8 1/2" 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 Maximum coverage of lot by structures SETBACKS: Front \_\_\_\_\_ from property line (PL) or \_\_\_\_\_ from center of ROW, whichever is greater Permanent Foundation Required: YES X NO from PL, Rear 25 Parking Regimt Special Conditions (7) Maximum Height 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 < Department Approval Additional water and/or sewer tap fee(s) are required: NO W/O No.

**Utility Accounting** 

Date

ACCEPTED

ANY CHANGE SETBACKS MUST BE
APPROVED CITY PLANNING
DEPT. PLICANT'S

