FEE\$	10.00
TCP\$	500.00
SIF \$	292.00

(White: Planning)

(Yellow: Customer)

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures) Community Development Department

BLDG PERMIT NO.	
DEDG FERMIT NO.	



(Goldenrod: Utility Accounting)

	Your Bridge to a Better Community	
BLDG ADDRESS D814 MEAGE CT	SQ. FT. OF PROPOSED BLDGS/ADDITION 1764	
TAX SCHEDULE NO. 2943-063-45-004	SQ. FT. OF EXISTING BLDGS	
SUBDIVISION Village Park	TOTAL SQ. FT. OF EXISTING & PROPOSED 1766	
FILING 4 BLK / LOT 4	NO. OF DWELLING UNITS: Before: After: this Construction	
(1) OWNER Sonshine I	NO. OF BUILDINGS ON PARCEL Before: After: this Construction	
(1) ADDRESS <u>J350</u> C ROAD	USE OF EXISTING BUILDINGS	
(1) TELEPHONE 355 - 8853	DESCRIPTION OF WORK & INTENDED USE Single Family	
(2) APPLICANT Sonshoe I		
(2) ADDRESS 2350 G ROAD	TYPE OF HOME PROPOSED: Site Built Manufactured Home (UBC)	
(2) TELEPHONE 255-8853	Manufactured Home (HUD) Other (please specify)	
	all existing & proposed structure location(s), parking, setbacks to all	
	cation & width & all easements & rights-of-way which abut the parcel.	
F THIS SECTION TO BE COMPLETED BY CO	OMMUNITY DEVELOPMENT DEPARTMENT STAFF 🖘	
ZONE PD	Maximum coverage of lot by structures 5070	
SETBACKS: Front 15' from property line (PL) or from center of ROW, whichever is greater	Permanent Foundation Required: YESNO	
	Parking Req'mt	
	Special Conditions Eng foundation regid	
Maximum Height 32'	CENSUS TRAFFIC ANNX#	
\mathcal{L}		
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).		
	the information is correct; I agree to comply with any and all codes, of the project. I understand that failure to comply shall result in legal to non-use of the building(s).	
Applicant Signature MS/2	Date	
Department Approval BH Hayleen 74en	derson Date 12-31-03	
0		
Additional water and/or sewer ten fee/s) are required:	VES INO IMPONSITION	
Additional water and/or sewer tap fee(s) are required:	YES NO WO NO S 9	
Utility Accounting	YES NO W/O No/ 9 / Date	

(Pink: Building Department)

