FEE \$ 10.00 PLANNING CL	
TCP \$ 500.00 (Single Family Residential ar	
SIF \$ 292.00 Community Develop	
	Your Bridge to a Better Community
BLDG ADDRESS 415 Morning Dave St.	SQ. FT. OF PROPOSED BLDGS/ADDITION
TAX SCHEDULE NO. 2943-161-17 -001	SQ. FT. OF EXISTING BLDGS
SUBDIVISION Ruby Meadans	TOTAL SQ. FT. OF EXISTING & PROPOSED $1957$
	NO. OF DWELLING UNITS: Before: After: this Construction
1) OWNER Schshine I Const. + Der.	NO. OF BUILDINGS ON PARCEL Before: After: this Construction
(1) ADDRESS 2350 G Road	USE OF EXISTING BUILDINGS
(1) TELEPHONE 255 - 8853	
(2) APPLICANT Schrine II Const. + Der	DESCRIPTION OF WORK & INTENDED USE <u>Single</u> Findy Res. TYPE OF HOME PROPOSED:
(2) ADDRESS <u>Sane</u>	X Site Built Manufactured Home (UBC)
<sup>(2)</sup> TELEPHONE <u>Same</u>	Manufactured Home (HUD) Other (please specify)
REQUIRED: One plot plan, on 8 ½" x 11" paper, showing a	Il existing & proposed structure location(s), parking, setbacks to all ation & width & all easements & rights-of-way which abut the parcel.
	MMUNITY DEVELOPMENT DEPARTMENT STAFF 📾
ZONE KMF-8	Maximum coverage of lot by structures
SETBACKS: Front $\frac{2l}{25}$ from property line (PL) or from center of ROW, whichever is greater	Permanent Foundation Required: YES_X_NO
Side 5/3 from PL, Rear 10/5 from PL	Parking Req'mt2
Maximum Height 35'	Special Conditions
	CENSUS 57 TRAFFIC 8 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).	
	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
	non-use of the building(s).
Applicant Signature Mer. Lee Slae	
Applicant Signature <u>Mer</u> . Lee Slae Department Approval <u>NA</u>	
Department Approval <u>NA</u>	k Date Jeb 20,03
Department Approval <u>NA</u>	Date <u>Leb</u> 20,03 Date
Department Approval <u>NA</u> Additional water and/or sewer tap fee(s) are required:	Date Date   Date Date     YES NO W/O No. 15768

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