## TCP \$ 600.00

## PLANNING CLEARANCE

BLDG PERMIT NO.

(Single Family Residential and Accessory Structures)

Community Development Department



654 TAMARRON DR No. of Existing Bldgs \_\_\_\_ Proposed **Building Address** -06Z-40-001 Sq. Ft. of Existing Bldgs Proposed 2636 Parcel No. Sq. Ft. of Lot / Parcel \_\_\_/1227 GRENO VIEW Subdivision Block 2 Lot / Sq. Ft. Coverage of Lot by Structures & Impervious Surface Filing (Total Existing & Proposed) 59/0 **OWNER INFORMATION: DESCRIPTION OF WORK & INTENDED USE:** SKELSTON CONST. ITAL Name New Single Family Home (\*check type below) Addition Interior Remodel Address Other (please specify): 81502 City / State / Zip \*TYPE OF HOME PROPOSED: APPLICANT INFORMATION: Site Built Manufactured Home (UBC) SKELTER CONST Manufactured Home (HUD) Name Other (please specify):\_\_\_ Address NOTES: City / State / Zip 245- 9008 / 250-7055 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 🐿 Maximum coverage of lot by structures ZONE 95\_ from property line (PL) Permanent Foundation Required: YES X NO Parking Requirement 2 Special Conditions Maximum Height of Structure(s) Driveway Location Approval Voting District 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 MA Date Additional water and/or sewer tab fee(s) are required NO W/O No. **Utility Accounting** Date

