FEE\$	10.00	
TCP\$	/	
SIF \$-		

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

BLDG PERMIT NO. 9/477



Your Bridge to a Better Community

BLDG ADDRESS 108 3/4 Will CRK. P.C.	SQ. FT, OF PROPOSED BLDGS/ADDITION	
TAX SCHEDULE NO. 2701-333-01-001 P	SQ. FT. OF EXISTING BLDGS O _	
SUBDIVISION SPANISH TRAIL SUBA	TOTAL SQ. FT. OF EXISTING & PROPOSED	
FILING 2 BEEN C LOT	NO. OF DWELLING UNITS:	
(1) OWNER GIKSR, INC	Before: After: this Construction NO. OF BUILDINGS ON PARCEL	
(1) ADDRESS 225 Man ST.	Before: After: this Construction	
(1) TELEPHONE 243-3376	USE OF EXISTING BUILDINGS	
(2) APPLICANT Mike QUEALLY	DESCRIPTION OF WORK & INTENDED USE PUMP HUSE	
• 1	TYPE OF HOME PROPOSED:	
(2) ADDRESS SAME	Site Built Manufactured Home (UBC) Manufactured Home (HUD)	
(2) TELEPHONE SAME	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 CO	Maximum coverage of lot by structures	
SETBACKS: Front from property line (PL) or from center of ROW whichever is greater	Permanent Foundation Required: YESNO	
	Parking Req'mt	
Side from PL, Rear from P	Special Conditions	
Maximum Height	CENSUS TRAFFIC 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 t	o non-use of the building(s).	
Applicant Signature W	Date 10 · 21 · 03	
Department Approval 1/18/W Magne	Date /0/21/03	
Additional water and/or sewer tap fee(s) are required:	YES NO WO No.	
Utility Accounting	Date /// AR	
	100/KD	

