FEE\$	10.00	
TCP\$		
SIF\$		

(White: Planning)

(Yellow: Customer)

PLANNING CLEARANCE

BLDG PERMIT NO.

(Single Family Residential and Accessory Structures)

Community Development Department



Our Bridge to a Better Community

(Goldenrod: Utility Accounting)

BLDG ADDRESS 555 BLUFF CT.	SQ. FT. OF PROPOSED BLDGS ADDITION 528
TAX SCHEDULE NO. 2945-082-00-054	SQ. FT. OF EXISTING BLDGS 2400
SUBDIVISION	TOTAL SQ. FT. OF EXISTING & PROPOSED 2928
FILINGBLKLOT (1) OWNER HANK DRAKE (1) ADDRESS 555 BLUFF CT. 8150	Before: After: this Construction NO. OF BUILDINGS ON PARCEL Before: After: this Construction
(1) ADDRESS 300 50077 51. 813	USE OF EXISTING BUILDINGS & LACATE TANK U.S. RES
(2) APPLICANT OWNER	DESCRIPTION OF WORK & INTENDED USE BED BATH. AND
(2) ADDRESS	TYPE OF HOME PROPOSED: Site Built Manufactured Home (UBC) 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.
THIS SECTION TO BE COMPLETED BY CONTROL SETBACKS: Front 30' from property line (PL) or from center of ROW, whichever is greater Side 7' from PL, Rear 25' from P Maximum Height 35'	Parking Reg'mt 2
structure authorized by this application cannot be occupi Occupancy has been issued, if applicable, by the Building I hereby acknowledge that I have read this application and ordinances, laws, regulations or restrictions which apply to action, which may include but not necessarily be limited to Applicant Signature Department Approval	the information is correct; I agree to comply with any and all codes, to the project. I understand that failure to comply shall result in legal to non-use of the building(s). Date 8-25-04 Date 8-25-04
Additional water and/or sewer tap fee(s) are required:	YES NO.) WO No.
Utility Accounting	Date Date

(Pink: Building Department)

DRAKE BEDROOM ADDITION 555 BLUFF CT.

SITE PLAN

