FEE\$	10.00
TCP\$	500.00
CIE®	292.00

PLANNING CLEARANCE

BLDG PERMIT NO.

(Single Family Residential and Accessory Structures)

Community Development Department





Your Bridge to a Better Community

1 0 1	Your Bridge to a Better Community
BLDG ADDRESS 433 High Pointe U	SQ. FT. OF PROPOSED BLDGS/ADDITION 2839
TAX SCHEDULE NO. 29451-164-31-004	SQ. FT. OF EXISTING BLDGS
SUBDIVISION High Pointe Estates	TOTAL SQ. FT. OF EXISTING & PROPOSED 2839
FILING BLK 2 LOT 4	NO. OF DWELLING UNITS:
(1) OWNER K. Mc Laughlin	Before: After: this Construction NO. OF BUILDINGS ON PARCEL
(1) ADDRESS 2518 A Garnet	Before: After: this Construction
(1) TELEPHONE 243-9966	USE OF EXISTING BUILDINGS
(2) APPLICANT Conquest Cons.	DESCRIPTION OF WORK & INTENDED USE NEW CONST.
(2) ADDRESS 1111 5 12th 5tr.	TYPE OF HOME PROPOSED: Site Built Manufactured Home (UBC)
(2) TELEPHONE 243-1242	Manufactured Home (HUD) Other (please specify) hore
	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 CO	OMMUNITY DEVELOPMENT DEPARTMENT STAFF 🐿
ZONE <u>FD</u>	Maximum coverage of lot by structures25 70
SETBACKS: Front 20' from property line (PL)	Permanent Foundation Required: YES_XNO
or from center of ROW, whichever is greater Side \(\begin{align*} \begin{align*} 5' & from PL, Rear \(\begin{align*} 25' & from P. \end{align*}	Parking Req'mt $\mathcal Q$
	Special Conditions
Maximum Height	CENSUS # TRAFFIC ANNX#
structure authorized by this application cannot be occupi	ved, in writing, by the Community Development Department. The ed until a final inspection has been completed and a Certificate of
Occupancy has been issued, if applicable, by the Buildin	g 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
action, which may include but not necessarily be limited to	
Applicant Signature	Date 4-12-04
Department Approval NA 4/18h Wagm	Date 4-13-04
Additional water and/or sewer tap fee(s) are required:	
	YES NO W/O NO. 1 12 1
Utility Accounting	YES NO W/O NO. 13 D