Utility Accounting

PLANNING CLEARANCE

Community Development Department

(Single Family Residential and Accessory Structures)

BLDG PERMIT NO



Your Bridge to a Bet Proposed No. of Existing Bldgs **Building Address** Sq. Ft. of Existing Bldgs \mathcal{O} Proposed Sq. Ft. of Lot / Parcel / Subdivision Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) / / / + -OWNER INFORMATION: **DESCRIPTION OF WORK & INTENDED USE:** New Single Family Home (*check type below) Interior Remodel Addition Address Other (please specify): City / State / Zip *TYPE OF HOME PROPOSED: APPLICANT INFORMATION: Site Built Manufactured Home (UBC) MINNUMENT Manufactured Home (HUD) Name Other (please specify): Address City / State / Zip Telephone 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 SETBACKS: Front from property line (PL) Permanent Foundation Required: YES (') from PL Parking Requirement ______ //) from PL Maximum Height of Structure(s) Special Conditions Driveway **Location Approval** Voting District (Engineer's Initials) 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 to non-use of the building(s). Applicant Signature ___ Department Approval Date Additional water and/or sewer tap fee(s) are required: YES NO W/O No.

Date

