FEE\$ 10.00 PLANNING CLEAF						
TCP \$ (Single Family Residential and Accessory Structures)						
SIF \$SIF \$S						
OUSD BILLING Building Address 290 Gill Creek Dr.	No. of Existing Bldgs/ No. Proposed/					
Parcel No. <u>2943 - 301 - 84 - 021</u>	Sq. Ft. of Existing Bldgs <u>1557</u> Sq. Ft. Proposed <u>144</u>					
11 11 14	Sq. Ft. of Lot / Parcel					
Filing Block Lot	Sq. Ft. Coverage of Lot by Structures & Impervious Surface					
	(Total Existing & Proposed) Height of Proposed Structure					
Address 290 G.II Creek Dr.	DESCRIPTION OF WORK & INTENDED USE: New Single Family Home (*check type below) Interior Remodel Addition Other (please specify): Sched					
APPLICANT INFORMATION:	TYPE OF HOME PROPOSED:					
Name James Duncan	Site Built Manufactured Home (UBC) Manufactured Home (HUD)					
Address 290 Gill Creek Dr.	Other (please specify):					
	NOTES:					
Telephone 573-5001						
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 COMMU						
ZONE	Maximum coverage of lot by structures					
	Permanent Foundation Required: YES NO X					
Side <u>3</u> from PL Rear <u>5</u> from PL	Parking Requirement					
$\rho r'$	Special Conditions					
Voting District Driveway Location Approval (Engineer's Initials)						
Modifications to this Planning Clearance must be approved, in structure authorized by this application cannot be occupied unt Occupancy has been issued, if applicable, by the Building Depa	il a final inspection has been completed and a Certificate of					
I hereby acknowledge that I have read this application and the in ordinances, laws, regulations or restrictions which apply to the p action, which may include but not necessarily be limited to non-	roject. I understand that failure to comply shall result in legal					

Applicant Signature Amer Vancon	Signature Amer Vancon			Date 9-13-05		
Department Approval Ullshi Mago		Date	1/13/05	1		
Additional water and/or sewer tap fee(s) are required:	YES NO	W/O No.	NOUHR	SwrChange.		
Utility Accounting		Date	13/05			
VALID FOR SIXMONTHS FROM DATE OF ISSUANC (White: Planning) (Yellow: Customer)	CE (Section 2.2.C.1 (Pink: Building Dep		-	elopment Code) Utility Accounting)		

