FEE \$	10.00
TCP\$	1500 00
	DON ED

Department Approval_

PLANNING CLEARANCE

(Single Family Residential and Ac	cessory Structures)
SIF \$ 292 10 Community Developme	nt Department
	(\mathscr{D})
Building Address 241 Jacob way	No. of Existing Bldgs No. Proposed/
Parcel No. 2943-25-004	Sq. Ft. of Existing Bldgs Sq. Ft. Proposed
Subdivision Crista Lee	Sq. Ft. of Lot / Parcel 8041
Filing Block 4 Lot 4	Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed)
OWNER INFORMATION:	Height of Proposed Structure /8'
Name Armand c. Hughes	DESCRIPTION OF WORK & INTENDED USE:
Address 262 W. Daxbury 4	Alam Circula Familia Hama (tabank tara balan)
City/State/Zip Grand Jet G. 81503	
APPLICANT INFORMATION: Name Armond & Mugles	*TYPE OF HOME PROPOSED: Site Built Manufactured Home (UBC) Manufactured Home (HUD)
Address 262 W. Darbuy ct	Other (please specify):
City / State / Zip 67 (a. 815-3	NOTES:
Telephone 1970) 275-7840	·····
	kisting & proposed structure location(s), parking, setbacks to all n & width & all easements & rights-of-way which abut the parcel.
	MUNITY DEVELOPMENT DEPARTMENT STAFF
ZONE RSF-4	Maximum coverage of lot by structures 50 %
SETBACKS: Frontfrom property line (PL)	
Side 7 from PL Rear 25 from PL	Parking Requirement
Maximum Height of Structure(s)35 '	Special Conditions Engineered foundations Consis
Voting District Driveway Location Approval (Engineer's Initials)	with the recommendations of the geoficinical report for this sub are strongly recommended
Modifications to this Planning Clearance must be approved, structure authorized by this application cannot be occupied u Occupancy has been issued, if applicable, by the Building De	in writing, by/the/Community Development Department. The ntil a final inspection has been completed and a Certificate of
	information is correct; I agree to comply with any and all codes, project. I understand that failure to comply shall result in legal n-use of the building(s).
Applicant Signature	Date 2-11-05

Additional water and/or sewer tap fee(s) are required: NO YES W/O No. Utility Accounting Date

Date

