	n			
Planning \$ 10 oc	PLANNING CI	LEARANCE	BLDG PERMIT NO.	
TCP\$	(Multifamily & Nonresidential Ren		FILE#	
Drainage \$	Community Develor	oment Department		
SIF\$	145/8-916	7		
Building Address 265	B'Scroma Ch	Multifamily Only:	No Dronaged	
Parcel No. 2701-354-30-006		No. of Existing Units No. Proposed Sq. Ft. of Existing Sq. Ft. Proposed		
Subdivision		· ·		
Filing Block Lot		Sq. Ft. of Lot / Parcel Sq. Ft. Coverage of Lot by Structures & Impervious Surface		
OWNER INFORMATION:		•	(Total Existing & Proposed)	
Name J. Gad		DESCRIPTION OF WO	RK & INTENDED USE:	
Address 2658 Sacoma Ch.		Remodel Addition Remove Walls Change of Use (*Specify uses below)		
City/State/Zip 6. Jct. Co. 81506		Change of Use (*Specify uses below) Other: Deturn to Carport is a smoot wall: (2) remove 5' of accorport to ample		
APPLICANT INFORMATION:		* FOR CHANGE OF US	E: w/ hout set back.	
Name Joel Galindo		*Existing Use:		
Address 2658		*Proposed Use:	arport	
/		Fakimanka d Dava a dalba a G	1000 00	
City/State/Zip Trand Jct. Co. Telephone 241-4151		Estimated Remodeling Cost \$ 1000.		
			ue of Structure \$	
			re location(s), parking, setbacks to all & rights-of-way which abut the parcel.	
	TO BE COMPLETED BY COM	MUNITY DEVELOPMENT	DEPARTMENT STAFF	
ZONE RSF-2		Maximum coverage of lo	ot by structures 30%	
SETBACKS: Front 20/25 from property line (PL)		Landscaping/Screening Required: YESNO X		
Side 15/3 from PL Rear 30/5 from PL		Parking Requirement		
Maximum Height of Structure(s)35		Special Conditions:	Special Conditions:	
34. 4.	Ingress / Egress			
Voting District <u>N.A.</u>	Location Approval(Engineer's Initials)			
			nity Development Department. The	
	application cannot be occupied u , if applicable, by the Building De		been completed and a Certificate of history beautiful and a Certificate of history.	
,		,	ree 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 bu	it not pecessarily be limited to no	n-use of the building(s).	(() a la (
Applicant Signature	Salud	Date	6/28/06	
Department Approval	dish A. Vez	Date	6/28/06	
Additional water and/or sewe	er tap fee(s) are required: YES	S NO W/O N	10. No chy mle	
Utility Accounting	("DULLO &	Date (128/26	