FEE\$	Ø,
TCP\$	
SIF\$	

PLANNING CLEARANCE

BLDG	DET	TIRAC	NIO.
ロロスス		SIVILL	INU J

(Single Family Residential and Accessory Structures)

Community Development Department

· · · · · · · · · · · · · · · · · · ·		_			
Building Address 1625 N. 18 TUS7.	No. of Exist	ng Bldgs	No. Proposed		
Parcel No. 2945-123-08-018	Sq. Ft. of Ex	tisting Bldgs <u>988</u>	Sq. Ft. Proposed 98 F		
Subdivision <u>ELM WUUD</u>	Sq. Ft. of Lo	t / Parcel			
Filing Block Lot OWNER INFORMATION:	(Total Existi	erage of Lot by Structureing & Proposed)oposed Structure	s & Impervious Surface		
Name ACICIA 5 HIDELER Address 2764 CROSS RIANS City/State/Zip 6-5 CO SIJU6	DESCRIPT New Sin	TION OF WORK & INT gle Family Home (*ch Remodel ease specify):	FENDED USE: eck type below) Addition		
APPLICANT INFORMATION:		HOME PROPOSE <u>D:</u>			
Name EXTREME CUNIST. L.L.C. Address 2791 SKYLINE, CT.	<u> </u>	tured Home (HUD)	Manufactured Home (UBC)		
City / State / Zip 6-5 Co 81506					
Telephone 255- 6116	<u>GA</u>	RISE TO N	1 - BFD		
REQUIRED: One plot plan, on 8 1/2" x 11" paper, showing all property lines, ingress/egress to the property, driveway locate					
THIS SECTION TO BE COMPLETED BY COM					
zone	Maximum o	coverage of lot by struc	ctures		
SETBACKS: Front from property line (PL)	Permanent	Foundation Required	: YESNO		
Side from PL Rear from PL	Parking Re	Parking Requirement			
Maximum Height of Structure(s)	Special Co	nditions			
Voting District Driveway Location Approval(Engineer's Initial	 ls)				
Modifications to this Planning Clearance must be approved structure authorized by this application cannot be occupied Occupancy has been issued, if applicable, by the Building E	l until a final in	spection has been cor	npleted and a Certificate of		
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 but not necessarily be limited to non-use of the building(s).					
Applicant Signature Memo		Date 10 / /	<i>\$-07</i>		
Department Approval Pat Ounlas		Date	8/07		
Additional water and/or sewer tap fee(s) are required:	ES NO	W/O No.			
		1			