

|                   |
|-------------------|
| FEE \$ <u>10-</u> |
| TCP \$            |
| SIF \$            |

**PLANNING CLEARANCE**  
 (Single Family Residential and Accessory Structures)  
**Community Development Department**

BLDG PERMIT NO. \_\_\_\_\_

Building Address 665 Arthur Ct  
 Parcel No. 2945-03289-008  
 Subdivision \_\_\_\_\_  
 Filing \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

No. of Existing Bldgs \_\_\_\_\_ No. Proposed \_\_\_\_\_  
 Sq. Ft. of Existing Bldgs \_\_\_\_\_ Sq. Ft. Proposed \_\_\_\_\_  
 Sq. Ft. of Lot / Parcel \_\_\_\_\_  
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface  
 (Total Existing & Proposed) \_\_\_\_\_  
 Height of Proposed Structure \_\_\_\_\_

**OWNER INFORMATION:**

Name Russell Fowles  
 Address 665 Arthur Ct.  
 City / State / Zip GAIT 81505

**DESCRIPTION OF WORK & INTENDED USE:**

New Single Family Home (\*check type below)  
 Interior Remodel  Addition  
 Other (please specify): Storage Shed  
NO SWR / WTR change.

**APPLICANT INFORMATION:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

**\*TYPE OF HOME PROPOSED:**

Site Built  Manufactured Home (UBC)  
 Manufactured Home (HUD)  
 Other (please specify): \_\_\_\_\_

NOTES: \_\_\_\_\_

**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 |   |
|--|---|
| ZONE <u>R-5</u>  | Maximum coverage of lot by structures _____               |
| SETBACKS: Front <u>20</u> from property line (PL)                      | Permanent Foundation Required: YES _____ NO _____         |
| Side <u>5</u> from PL Rear <u>25</u> from PL                           | Parking Requirement _____                                 |
| Maximum Height of Structure(s) _____                                   | Special Conditions _____                                  |
| Voting District _____  | Driveway Location Approval _____<br>(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 but not necessarily be limited to non-use of the building(s).

Applicant Signature [Signature] Date 11-21-07

Department Approval [Signature] Date 11/21/07

|  |                      |  |                                     |
|--|----------------------|--|-------------------------------------|
| Additional water and/or sewer tap fee(s) are required: | YES                  | NO <input checked="" type="checkbox"/> | W/O No. <u>No SWR / WTR change.</u> |
| Utility Accounting <u>[Signature]</u>                  | Date <u>11/21/07</u> |  |                                     |

# 665 Alnur Ct



SCALE 1 : 248

