PCN-2010-445		
	FEE\$	500
	TCP\$	
	SIF \$	

(White: Planning)

(Yellow: Customer)



BLDG PERMIT NO.

(Goldenrod: Utility Accounting)

## **PLANNING CLEARANCE**

(Single Family Residential and Accessory Structures) Non-Residential **Community Development Department** 

BLDG ADDRESS 2546 RIMACK AVE	TAY SCHEDULE NO. 2010 30 DIC			
SUBDIVISION RIMMOCK Market place	SQ. FT. OF PROPOSED BLDG(S)/ADDITION			
FILING BLKLOT	SQ. FT. OF EXISTING BLDG(S)			
(1) OWNER THE Realty	NO. OF DWELLING UNITS BEFORE: AFTER: THIS CONSTRUCTION			
(1) ADDRESS (50) Grant St.				
(1) TELEPHONE 203-831-9300	NO. OF BLDGS ON PARCEL BEFORE: AFTER: THIS CONSTRUCTION			
(2) APPLICANT CON VOSTATEK	USE OF EXISTING BLDGS			
	DESCRIPTION OF WORK AND INTENDED USE: DEMO			
(2) TELEPHONE	Walk-in cooler			
REQUIRED: One plot plan, on 8 ½" 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 1821				
4.0				
. —	Maximum coverage of lot by structures			
SETBACKS: Front from property line (PL) or from center of ROW, whichever is greater	Parking Req'mt			
Side  from PL Rear  from Pl	Special Conditions			
Maximum Height	CENSUS TRAFFIC ANNX#			
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 OUU	Date 1/12/10			
Department Approval fat Number	Date 11/12/10			
Additional water and/or sewer tap fee(s) are required: YES NOXW/O No. No water no stweet				
Utility Accounting Date   1-12-10				

(Pink: Building Department)