

Single Family Residential/Duplex Zone Clearance Application Form

PROJECT DESCRIPTION (Check which applies):

<input type="checkbox"/>	Single Family Residence	<input type="checkbox"/>	Duplex
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ADDRESS: _____ ZIP: _____ APN: _____

ZONE: _____ EXISTING STRUCTURE(S): _____ DATE: _____

LEGAL DESCRIPTION: _____

	FRONT	LEFT SIDE	RIGHT SIDE	REAR	STREET SIDE	ALLEY
SETBACKS						
Proposed						
Easements						
Eave Projections						

STRUCTURE INFORMATION

APPLICANT TO PROVIDE FOR ALL EXISTING AND PROPOSED BUILDINGS

STORIES	HEIGHT	NUMBER OF				PROPOSED AREAS (SQ. FT.)					
		GAS APPLICANCES	BED ROOMS	BATH ROOMS	PARKING STALLS	LIVING SPACE		GARAGE	PATIO	PORCH	TOTAL
						1 st FLOOR	2 nd FLOOR				
EXISTING (Sq. Ft.)											

PRIMARY CONTACT, check all that apply ☐ Applicant ☐ Owner ☐ Other _____

Name: _____ Signature: _____

Company/Organization: _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____

Check all that apply ☐ Applicant ☐ Owner ☐ Other _____

Name: _____ Signature: _____

Company/Organization: _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____

FOR INTERNAL USE ONLY

Received By:		Date:	
Application Fee:		EA Fee:	
PZ No:		Zone District:	

This Area is to be Completed by the Applicant or Owner