ZONING CLEARANCE PERMIT APPLICATION

Date: 8-6-	=18
Owner's Name And La Johnson Telephone # 435 - 77	10.8474
Mailing Address 944 E. 400 S. Email amalia Johnson	on 56 6 Hodmail. Kom
Structure Type Lot SizeProperty Tax #	
Subdivision Name Saddle Rock Lot # ColoAddress 944 E- 400 S-	
Zone Septic Tank City Sewer City Water W	/ell
*Depth & Location of Water line *Depth & Location of Sewer line	
*Information about water and sewer lines must also be on the sketch.	
Zoning Clearance Permit Processing Fees: PLOT PLAN	
Sabara Sabara Sabara Sabara Sabara Sabara Sababa S	cences 6' high
The processing fee will be paid to River Heights City, upon receipt of this application.	
If this application is denied, in writing, a new application and processing fee will need to be subm	<i>A</i>
Amount Paid 35.00 Date: 8-6-18 Check # MSh By:	
This property is being approved for building permit issuance above. Any changes in type placement is not allowed. This clearance is not a waiver of compliance with the zoning or building codes.	of structure or rdinance nor the
Approved by Public Works Director:	8/9/18 Date
Approved by Zoning Administrator:	<u>Mrg. 10,2018</u> Date
The Fence is being share By Maria Maria	
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