19-12

Applicant Informa	ation		PERMIT APPLIC		
Name Steve N			Owner Information	າ (if not also a	ipplicant)
Mailing Address E					*
	~~~~~	ark place	Mailing Address		
City State Zin	Craid 4	\k 99921			
Telephone	Oraig, /	- N 3332 I	Telephone		
Property Descript	ion		relephone		
Subdivision Name					
	le 602 Hee 2	261 Tract Num 83-42	Lot Number 1st O		
		nit Name and/or Numbe	Lot Number lot 3		Block Number:
		(please check one)			
☐ Single Family F		□ Duplex	□ Triplex	☐ Fourplex	or greater
□ Deck		☐ Porch	□ Retaining Wall	☐ Addition	J
☐ Commercial Bu		☐ Wannigan	🛕 Garage	☐ Shed	
☐ Mobile Home (`	Year and Ma	ake)			
☐ Travel Trailer (	Year and Ma	ake)			
☐ Other (Please of	describe):				
laimht of Duilding	D E	0.5	Closest setback to n	roperty line:	1 <b>3</b> ft
Building Dimension	ns: マク	V >1'	Area of huildi	ng footprint:	51v20 #
	.~.				3 LX.5.7 IT
Mhat usa(s) da var	· nronge fo	ur the building?	-/	ing rootprint.	01702 10
vnat use(s) do you lite Plan   Please complete	on revers	e side or attached she	shop		
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