

Mono County
Community Development Department

PO Box 347
Mammoth Lakes, CA 93546
(760) 924-1800, fax 924-1801
commdev@mono.ca.gov

Planning Division

PO Box 8
Bridgeport, CA 93517
(760) 932-5420, fax 932-5431
www.monocounty.ca.gov

MVF/REPLACEMENT

**DIRECTOR REVIEW
APPLICATION**

APPLICATION # _____	FEE \$ <u>MVF WAIVED</u>
DATE RECEIVED _____	RECEIVED BY _____
RECEIPT # _____	CHECK # _____ (NO CASH)

APPLICANT/AGENT DANIEL A TACKITT
ADDRESS 2215 EASTSIDE LN **CITY/STATE/ZIP** COLEVILLE CA 96107
TELEPHONE (760) 920 2515 **E-MAIL** D-TACKITT@HOTMAIL.COM
OWNER, if other than applicant N/A
ADDRESS _____ **CITY/STATE/ZIP** _____
TELEPHONE (_____) _____ **E-MAIL** _____

DESCRIPTION OF PROPERTY:

Assessor's Parcel # 002130040⁰⁰⁰ General Plan Land Use Designation R/R

PROPOSED USE: Applicant(s) should describe the proposed project in detail, using additional sheets if necessary. Note: An incomplete or inadequate project description may delay project processing.

ACCESSORY BUILDING (SHOP) BUILT PRIOR TO
PRIMARY RESIDENCE. ADDENDUM TO BUILDING
PERMIT APPLICATION DATED 02-28-2021
(MOUNTAIN VIEW FIRE PARCEL)
(B.O.S. APPROVAL ON 04-06-2021)

I CERTIFY UNDER PENALTY OF PERJURY THAT I am: legal owner(s) of the subject property (all individual owners must sign as their names appear on the deed to the land), corporate officer(s) empowered to sign for the corporation, or owner's legal agent having Power of Attorney for this action (a notarized "Power of Attorney" document must accompany the application form); AND THAT THE FOREGOING IS TRUE AND CORRECT.

[Signature]
Signature

Signature 04-21-2021
Date