

**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](http://www.monocounty.ca.gov)

**USE PERMIT  
~~DIRECTOR REVIEW~~  
APPLICATION**

APPLICATION # _____	FEE \$ _____
DATE RECEIVED _____	RECEIVED BY _____
RECEIPT # _____	CHECK # _____ (NO CASH)

**APPLICANT/AGENT** John & Candace Logue

ADDRESS [REDACTED] CITY/STATE/ZIP June Lake

TELEPHONE ( [REDACTED] ) E-MAIL johnflogue64@gmail.com

**OWNER**, if other than applicant \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE ( \_\_\_\_\_ ) E-MAIL \_\_\_\_\_

**DESCRIPTION OF PROPERTY:**

Assessor's Parcel # 015-075-005-000 General Plan Land Use Designation commercial

**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.

To apply the new June Lake Parking District standards to Parcel #015-075-005-000 Including parking reduction for Covered Parking ( 3 garage spaces) & the addition of 1 bike rack.

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.

John Flogue  
Signature

\_\_\_\_\_  
Signature

8/26/2022  
Date

Mojo County

Off-Site snow storage for APN # 015-075-005 shall consist of removing snow by our case 1840 skid steer, which is on site and used for snow removal for APN # 015-075-028. Snow shall be removed to our undeveloped APN # 015-075-017.

USE PERMIT APPLICATION

Thank you for your consideration,

11/21/2023

John & Candy Logue

APPLICANT/AGENT

ADDRESS

TELEPHONE

CHECK IF NEW USE REQUEST

ADDRESS

TELEPHONE

PROPERTY DESCRIPTION

APPLICANT'S PART #

Check This Last One (Important)

APPLICANT ORS (describe the proposed project in detail, using additional sheets if necessary)

NOTE: An incomplete or inadequate project description may delay project processing.

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and belief, and I understand that any false information provided on this form is a violation of the law and may result in the denial of this permit and the imposition of penalties. I understand that the information provided on this form is confidential and will be used only for the purposes of the permit application process.