

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 1853 IVYCREST WAY

Assessor's Parcel Number: ~~225-1070-036~~ 225-1070-036

Previous Use: EXIST. RESIDENCE

Description of Request/Proposed Use: Add ± 152 SF Trellis
attached to existing structure.

Is This a Change of Use? Yes

Prior Applications for Project Site(P#, Z#, DRPB#): P09-050 Zoning Designation: R-1A-PUD

Comments: Lot coverage ok; setbacks ok.
NO. Design Review Req.

Are There Any Planning Issues?: (circle one) YES NO

- * Staff Site Plan Check Required? (Circle one) YES NO
- * Field Inspection Required? (Circle one) YES NO
- * Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: [Signature] 11/9/00

XNA Not Visible
No

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL