

Conditional Use Permit Application

Date Received 4.23.19			
By N	1 anduson		
Fee	280.00		
Case #	Cup-02-19		
EA# _			

General Information	
APPLICANT ACME 5 LIFESTYLE	Phone 760 853 0031
Mailing Address 55870 TWENTY NINE PALMS HWY	Email stephaacmeslifesty
City YUCCA VALLEY	State <u>CA</u> Zip <u>92284</u>
REPRESENTATIVE Stephanie GENY	Phone 917 412 5740
Mailing Address 55870 TWENTY NINE	Email stephaacne5/ilestyle
City YUCCA VALLEY	•
PROPERTY OWNER ANTON GOSS	Phone
Mailing Address 50870 TWENTPNINE PALMS HWY City YUCCA VALLY	Email an kn goss og mail. who State CA Zip 92784
Project Information	·
Project Address 55870 TWENTY NIWE PAIMS HWY	_Assessor Parcel Number(s) <u>DS 86323</u>
Project Location YUCA VAUE	of CA 92784
2	D WALL MURAL

Please attach any additional information that is pertinent to the application.

Town of Yucca Valley
Community Development Department
58928 Business Center Dr
Yucca Valley, CA 92284
760 369-6575 Fax 760 228-0084
www.yucca-valley.org

Agreement to Pay All Development Application Fees

In accordance with Town Council Resolution 04-38 the Town collects certain fees based on the actual cost of providing service. The application deposit for this project (as indicated below) may not cover the total cost of processing this application. I/We are aware that if the account has 25% or less remaining prior to completion of the project, staff will notify the undersigned in writing, of the amount of additional deposit required to complete the processing of the application, based on Staff's reasonable estimate of the hours remaining to complete this application process.

Further, I understand that if I do not submit the required additional deposit to the Town within 15 business days from the date of notification by the Town, the Town will cease processing of the application and/or not schedule the project for action by the Planning Commission or Town Council until the fees have been paid.

Any remaining deposit will be refunded to me at time of closeout after I have submitted any required approved project plans and forms, including signed conditions of approval, or upon my written request to withdraw the application.

As the applicant, I understand that I am responsible for the cost of processing this application and I agree that the actual costs incurred processing this application will be paid to the Town of Yucca Valley.

Deposit Paid: \$
Applicants Name ANTOW GOSS
Applicant's Signature
Date: 4/21/15

(Please print)