

## **Pre-Application**

Date Received 10 (16/24
By tuen
Fee \$1,036
Case # _ PA _ 07 - 24
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General Information					***
APPLICANTJTI	PC LLC			Phone	310-528-0247
Mailing Address19	100F0 M II - D :				
CityTo	rrance	State	CA	_ Zip _	90502
REPRESENTATIVEDa	aniel Patneaude, DRP Enterpris	ses LLC		Phone	206-734-7765
Mailing Address PO	Box 4428	Email	_dpatneaude@d	drpenter	prisesllc.org
CityPal	m Springs	State	CA	_ Zip _	92263
	PC LLC		Secretary and the second	Phone	(310) 528-0247
Mailing Address 19850			kyang@simple		
		State	CA	Zip _	90502
Project Information					
Project Address	5654 Acoma Trail, Yucca V	alley CA	92284		
Assessor Parcel Number(					
Project Location					
	Current existing SFR use - Accessory building- Proposal for new Parcel Map 4 each parcels				
		and a transfer			
			<del></del>		
Please attach any addition	nal information that is pertine	nt to the	application.		

application as submitte application	Representative: I/We have reviewed this completed application and the attached material. The information included with this is true and correct to the best of my/our knowledge. I/We further understand that the Town may not approve the applicationed, and may set conditions of approval. Further, I/We understand that all documents, maps, reports, etc., submitted with this are deemed to be public records. This application does not guarantee approval or constitute a building permit application fees may be required depending on additional administrative costs.
Signature:	D Patneaude
Name:	Dan Patneaude
Date:	10-1-2024
from the legapplication accompliance subject prop Code Require public records	wner: I/We certify that I/We are presently the legal owner(s) of the above described property (If the undersigned is different gal property owner, a letter of authorization must accompany the form). Further, I/We acknowledge the filing of this and certify that all of the above information is true and accurate. I/We understand that I/We are responsible for ensuring with conditions of approval. I/We hereby authorize the Town of Yucca Valley and or/its designated agent(s) to enter onto the perty to confirm the location of existing conditions and proposed improvements including compliance with applicable Town rements. Further, I/We understand that all documents, maps, reports, etc., submitted with this application are deemed to be ds. This application does not guarantee approval or constitute a building permit application. Additional fees may be required on additional administrative costs. I am hereby authorizing
to act as my	agent and is further authorized to sign any and all decuments on my behalf.
Name:	Frank Yang
Date: (	09/30/24

**Owner/Applicant Authorization** 

Town of Yucca Valley
Community Development Department
Planning Division
58928 Business Center Drive
Yucca Valley, CA 92284
760 369-6575 Fax 760 228-0084

www.yucca-valley.org