

**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  
APPLICATION**

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

**APPLICANT/AGENT** NICK WAY

ADDRESS 30 EMIGRANT ST. CITY/STATE/ZIP BRIDGEPORT, CA, 93517

TELEPHONE (916) 716-0414 E-MAIL NICKWAY237@HOTMAIL.COM

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

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

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

**PROPERTY DESCRIPTION:** \_\_\_\_\_

Assessor's Parcel # 008-091-049-000 General Plan Land Use Designation MFR-L

**PROPOSED USE:** Describe the proposed project in detail, using additional sheets if necessary.

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

I WOULD LIKE TO INSTALL A 6' WOODEN PRIVACY FENCE IN THE FRONT OF MY PROPERTY, ALONG WITH 2 8' METAL DRIVEWAY GATES. NEITHER WILL OBSTRUCT TRAFFICS VIEW.

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.

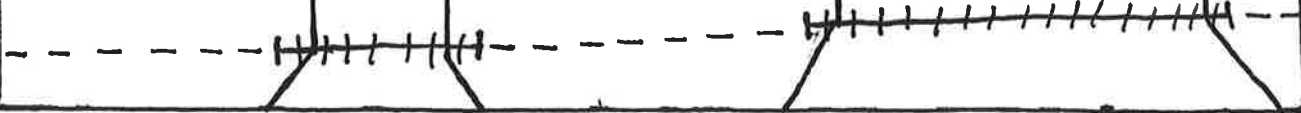
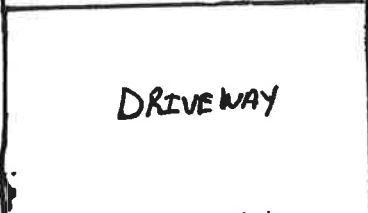
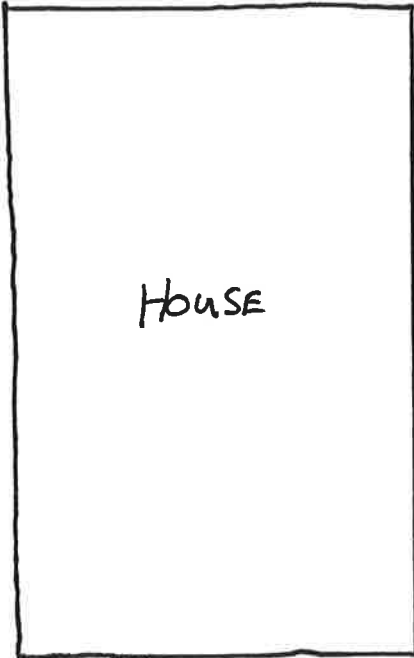
N.W.  
Signature

\_\_\_\_\_  
Signature

1-20-21  
Date

← 120' →

← 120' →



SIDE WALK

EMIGRANT ST.

----- PROPOSED FENCE

||||| SLIDING METAL GATE

NECK WAY  
30 EMIGRANT ST  
BRIDGEPORT, CA  
93517



APN 008-091-049-000