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

USE PERMIT APPLICATION

APPLICATION #_____FEE \$____

DATE RECEIVED 4-29 RECEIVED BY _____

RECEIPT # _____ CHECK # _____ (NO CASH)

APPLICANT/AGENT Travis Walle	ntine
ADDRESS 32 Washington	ST CITY/STATE/ZIP June Lake
TELEPHONE (760) 9140034	E-MAIL twallalpine@gmail.com
OWNER, if other than applicant _	Dewayne Wallentine
ADDRESS 32 Washingtons	CITY/STATE/ZIP June Lake CA 93329
TELEPHONE (700) <u>648-79</u>	E-MAIL
PROPERTY DESCRIPTION: Short	Term Rental
Assessor's Parcel # $37 - 39$	General Plan Land Use Designation Residentic
PROPOSED USE: Describe the pro	posed project in detail, using additional sheets if necessary.
NOTE: An incomplete or inac	equate project description, may delay project processing.
Short terry	1 Zental (No Construction
Necessary	
property (all individual owners m corporate officer(s) empowered having Power of Attorney for	PERJURY THAT I am: plegal owner(s) of the subject last sign as their names appear on the deed to the land), o sign for the corporation, or owner's legal agent this action (a notarized "Power of Attorney" document
must accompany the applicate CORRECT. Signature	Dologne Wolfentine 1/23/20 Signature Date