FEE \$10.00			PERMIT # 10732
	FENCE P		\sim
El or NS	ITHIS SECTION TO BE COMPLETED BY APPLICANT THIS SECTION TO BE COMPLETED BY APPLICANT		
PROPERTY ADDRES	S LHO ELMAYE		
	2945-113-04-016		
PROPERTY DWNER	THEIMA GARNER	- .	
OWNER'S PHONE	970 242-3989	- 5	el , i
OWNER'S ADDRESS	140 FAMAKE	_	Attached
	Self.	_ / ,	Allan
	DNE		
CONTRACTOR'S ADE	DRESS		
	Split Rail		
	Split Rail		
all setbacks from (ow property lines and property dimens property lines, & fence height(s). TION TO BE COMPLETED BY COMMU	<u>_</u>	
ZONEK	SF-5	SETBACKS: Front	from property line (PL) or
SPECIAL CONDITION	\$	from	center of ROW, whichever is greater.
		Side	from PL Rear from PL
lot that extends past the re	t in height require a separate permit from the C ear of the house along the side yard or abuts a ning and Development Code).		
property's boundaries. fence(s). The owner/appl in easements may be sub	st correctly identify all property lines, easeme Covenants, conditions, restrictions, easemer icant is responsible for compliance with cove ject to removal at the property owner's sole a permit must be approved, in writing, by the C	nts and/or rights-of-way nants, conditions, and r nd absolute expense.	may restrict or prohibit the placement of estrictions which may apply. Fences built Any modification of design and/or material
I hereby acknowledge the codes, ordinances, laws,	at I have read this application and the informa regulations, or restrictions which apply.	ation and plot plan are	correct; I agree to comply with any and all
I understand that failure to at the owner's cost.	comply shall result in legal action, which may	y include but not neces	sarily be limited to removal of the fence(s)
Applicant's Signature _	Thelma Janiv	<u> </u>	Date <u>5/11/99</u>
community Developme	ent's Approval	Hello	Date <u>5-4-99</u>

Community Development's Approval City Engineer's Approval (if required)

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VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2D Grand Junction Zoning & Development Code) (White: Planning) (Yellow: Customer) (Pink: Code Enforcement)

Date _____

