DATE SUBMITTED:

PERMIT	NO.	4/200	<u>//</u>
FEE \$	5	,00	

INING CLEARANCE

MMUNITY DEVELOPMENT DEPARTMENT SQ. FT. OF BLDG: ____ BLDG ADDRESS SQ. FT. OF LOT: ___ NO. OF FAMILY UNITS: NO. OF BUILDINGS ON PARCEL_BEFORE THIS TAX SCHEDULE # PLANNED CONSTRUCTION: __ USE OF EXISTING BUILDINGS: amily ADDRESS DESCRIPTION OF WORK AND INTENDED USE: TELEPHONE: _ REQUIRED: Two plot plans showing parking, landscaping, setbacks to all property lines, and all streets which abut the parcel. FOR OFFICE USE ONLY ZONE FLOODPLAIN: YES GEOLOGIC HAZARD: YES TRAFFIC ZONE: (**MAXIMUM HEIGHT** PARKING REQ'MT LANDSCAPING/SCREENING REQUIRED: SPECIAL CONDITION Modifications to this Planning Clearance must be approved, in writing, by this Department. The structure approved by this application cannot be occupied until a Certificate of Occupancy is issued by the Building Department (Section 307, Uniform **Building Code).** Any landscaping required by this permit shall be maintained in an acceptable and healthy condition. The replacement of any vegetation materials that die or are in an unhealthy condition shall be required. I hereby acknowledge that I have read this application and the above is correct, and I agree to comply with the requirements above. Failure to comply shall result in legal action.

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2 D Grand Junction Zoning & Development Code)

