DATE SUBMITTED: $\frac{7}{7}$

PERMIT	NO. <u>45517</u>
DDD ¢	* ^ ^

PLANNING CLEARANCE

GRAND JUNCTION COMMUNITY DEVELOPMENT DEPARTMENT

	NIIY DEVELOPMENI DEPAKIMENI			
BLDG ADDRESS 585 25 Rd SP	15 sq. ft. of bldg: 1 4 4 50-51			
SUBDIVISION Paradise Vallex	SQ. FT. OF LOT:			
FILING # BLK # LOT #	NO. OF FAMILY UNITS:			
TAX SCHEDULE # 2945-102-00-100	NO. OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION:			
OWNER Leslie Hess	USE OF EXISTING BUILDINGS:			
ADDRESS 585 254 Rd 57 (5) TELEPHONE: 244 - 8701	DESCRIPTION OF WORK AND INTENDED USE:			
REQUIRED: Two plot plans showing parking, landscaping,	setbacks to all property lines, and all streets which abut the parcel.			

ZONE PMH	FLOODPLAIN: YES NO			
ZONE PMH SETBACKS: FRONT SIDE REAR S MAXIMUM HEIGHT F	GEOLOGIC HAZARD: YES NO			
SIDEREAR 5	CENSUS TRACT: 4 TRAFFIC ZONE: 10			
MAXIMUM HEIGHT F	'ARKING REQ'MT			
	SPECIAL CONDITIONS:			
**************	****************			
	d, in writing, by this Department. The structure approved by this cancy is issued by the Building Department (Section 307, Uniform			
Any landscaping required by this permit shall be maintaine vegetation materials that die or are in an unhealthy conditi	d in an acceptable and healthy condition. The replacement of any ion shall be required.			
I hereby acknowledge that I have read this application and above. Failure to comply shall result in legal action.	the above is correct, and I agree to comply with the requirements			
De Math	Leslie Des			
Department Approval	Applicant Signature			
7 - 7 - 93 Date Approved	<u> </u>			
 	*			

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

other sciened pach-SP SP 15 Paradise VAlley mobile Home Park 585 253 Rd +. GRAND Tumation

PERMIT TO BUILD

7-7-93	PERMI	T TO BUILD			
DATE		IC WORKS DEPARTMENT ECTION DIVISION	045517		
ASA COUNTY					
COLLBRAN	5-6		PERMIT NUMBER		
DEBEQUE	PERM	IT TYPE	_		
FRUITA			en/- 02		
GRAND JCT. PALISADE			VALUE		
OWNER: Level 150 R	they Head M	OBILE HOME TAX ID NO	· :		
PROJECT ADDRESS: ≤8	5 35/2 Rd #	15 TAX PARCEL NO.	FILING NO		
SUBDIVISION:	LOT NO.	BLOCK NO	FILING NO		
quiner					
CONTRACTOR	ADDRESS	PHONE NO.	LICENSE NO.		
=======================================		=======================================			
OCCUPANCY:	NO. OF UNITS:_	NO. OF	BEDROOMS:		
DESCRIPTION OF WORK	: Sacened f	Prich			
ELECTRICAL CONTRACTO	or one	LICENSE NO.	VALUE		
PLUMBING CONTRACTOR MECHANICAL CONTRACTOR		LICENSE NO			
EXEMPT MONTHLY ON COMPLEXEMPTION NO. I hereby acknowledge the USE TAX and agree to abide by the provisi County Sales and Use Tax Resoluti that I am responsible for maintai records that are subject to audit my use tax return.	filing status noted above ons and regulations of the on MCM-81-199. I understand ning adequate accounting	the city limits and the Sales Tax All purchase records and invoice	may summarize by supplier on of materials used. This shall be and paid directly on the FIMANCE ER: I hereby certify that all truction will be purchased within		
PERMIT FER S					
		best of my knowledge, and I agree	company with all city or		
quanty ordinances regulating build	ding construction.	\sim 17) X		
La Via	Kows	$\mathcal{M}_{\mathcal{L}}$			
Contractor/Owner Si	gnature	Building Department	Signature		