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TCP \$	-0-

BLDG PERMIT NO.	53379
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PLANNING CLEARANCE
 (Single Family Residential and Accessory Structures)
 Grand Junction Community Development Department



THIS SECTION TO BE COMPLETED BY APPLICANT

BLDG ADDRESS 2322 Hwy 6 E 50 TAX SCHEDULE NO. 2945-102-00-067
~~7008-242-95-467~~

SUBDIVISION Mobile City SQ. FT. OF PROPOSED BLDG(S)/ADDITION 16x72

FILING _____ BLK _____ LOT 37 SQ. FT. OF EXISTING BLDG(S) _____

(1) OWNER Wm Gentry NO. OF DWELLING UNITS
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION

(1) ADDRESS _____

(1) TELEPHONE _____ NO. OF BLDGS ON PARCEL
 BEFORE: 0 AFTER: _____ THIS CONSTRUCTION

(2) APPLICANT Bitrite Contractors USE OF EXISTING BLDGS _____

(2) ADDRESS 603 TROPICANA DR DESCRIPTION OF WORK AND INTENDED USE: _____

(2) TELEPHONE 523 0832 place mobile home

REQUIRED: Two (2) plot plans, on 8 1/2" x 11" paper, showing all existing and proposed structure location(s), parking, setbacks to all property lines, ingress/egress to the property, and all easements and rights-of-way which abut the parcel.

THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF

ZONE H.O. Maximum coverage of lot by structures _____

SETBACKS: Front _____ from property line (PL)
 or _____ from center of ROW, whichever is greater Parking Req'mt _____

Side _____ from PL Rear _____ from PL Special Conditions place per
park plan

Maximum Height _____ CENS.T. 9 T.ZONE 6 ANN# _____

Modifications to this Planning Clearance must be approved, in writing, by the Director of the Community Development Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued by the Building Department (Section 305, Uniform Building Code).

I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include but not necessarily be limited to non-use of the building(s).

Applicant Signature [Signature] Date _____

Department Approval [Signature] Date 9-12-95

Additional water and/or sewer tap fee(s) are required: YES _____ NO W/O No. _____

Utility Accounting [Signature] Date 9-12-95

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

(White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)