

FEE \$	10.5
TCP \$	—
SIF \$	—



BLDG PERMIT NO. 102516

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

BLDG ADDRESS 661 Hwy 50 ^{space} TAX SCHEDULE NO. 7008-053-34-680-MH
24 2945.242.06.001

SUBDIVISION Elm Mobile of Park SQ. FT. OF PROPOSED BLDG(S)/ADDITION 720

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

(1) OWNER MARI MONTGOMERY NO. OF DWELLING UNITS
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION

(1) ADDRESS 929 DURAY

(1) TELEPHONE 242-4367 NO. OF BLDGS ON PARCEL
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION

(2) APPLICANT (SAME) USE OF EXISTING BLDGS SINGLE MOB. HM.

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

(2) TELEPHONE _____ MOBILE HOME

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

THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF

ZONE PMH Maximum coverage of lot by structures _____

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

Side _____ from PL Rear _____ from PL

Maximum Height _____

Parking Req'mt _____

Special Conditions Per park Rego

CENSUS B TRAFFIC 87 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 10/21/97

Department Approval [Signature] Date 10-21-97

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

Utility Accounting [Signature] Date 10-21-97

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)