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FEE\$ 10 TCP\$ 500	BLDG PERMIT NO. 60192
293 PLANNIN (Single Family Resid	NG CLEARANCE ential and Accessory Structures) nunity Development Department
BLDG ADDRESS 2565 Westwood Dr. TAX SCHEDULE NO. 2945-031-42-001	
	SQ. FT. OF PROPOSED BLDG(S)/ADDITION 1900
FILING 3 BLK 3 LOT 2	SQ. FT. OF EXISTING BLDG(S)
(1) OWNER SJOHN DAVIS	NO. OF DWELLING UNITS BEFORE: AFTER: THIS CONSTRUCTION
(1) TELEPHONE <u>2432308</u>	NO. OF BLDGS ON PARCEL
(2) APPLICANT Castle HomesInc	USE OF EXISTING BLDGS
⁽²⁾ ADDRESS <u>556</u> 25Rd	DESCRIPTION OF WORK AND INTENDED USE:
⁽²⁾ TELEPHONE 2489708	SFR
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.	
STHIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF 📾	
ZONE PR 2.93	Maximum coverage of lot by structures
SETBACKS: Front from property line (PL	• •
or from center of ROW, whichever is greater	Special Conditions Maintain Min. 10' from
Side $\underline{D'}$ from PL Rear $\underline{20'}$ from	
Maximum Height 32 ¹	$\frac{1000}{1000} = \frac{100}{1000}$ $\frac{100}{1000} = \frac{100}{1000}$
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 Meland & Kov	Date
Department Approval Senta Castella Date 7/30/97	
Additional water and/or sewer tap fee(s) are required: YES X NO W/O No. 104/16	
\sim	1 7/20/67

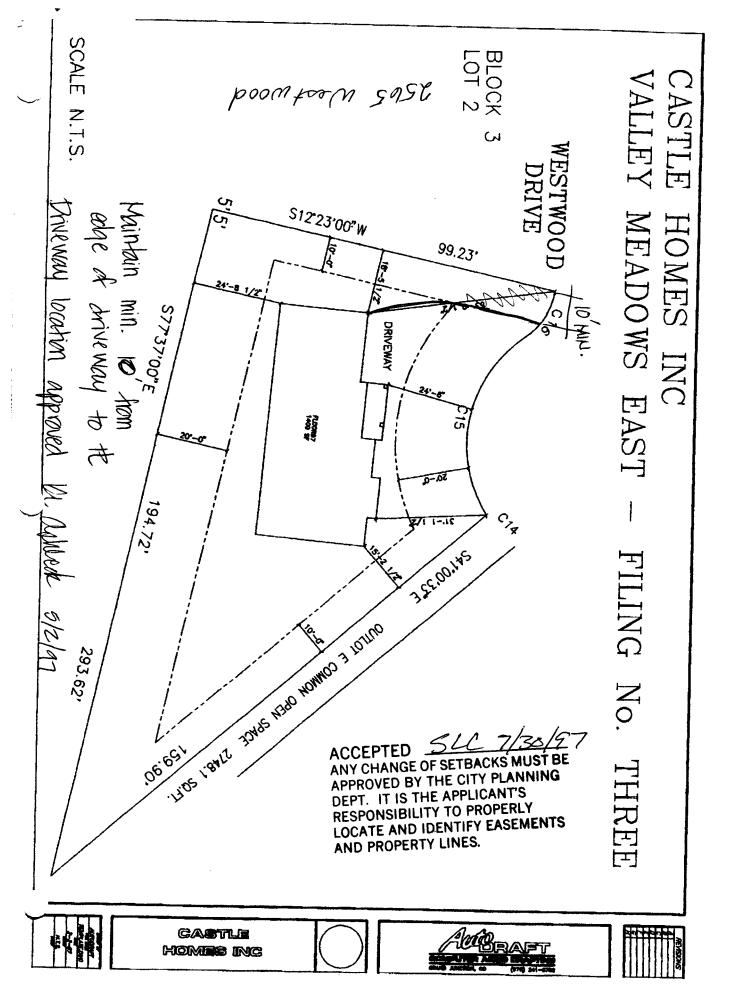
Utility Accounting _______ Date ______ Date ______ VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand Junction Zoning & Development Code)

(White: Planning)

(Yellow: Customer)

(Pink: Building Department)

(Goldenrod: Utility Accounting)



20.9

MA 84:20 NUS 70-20-9AM