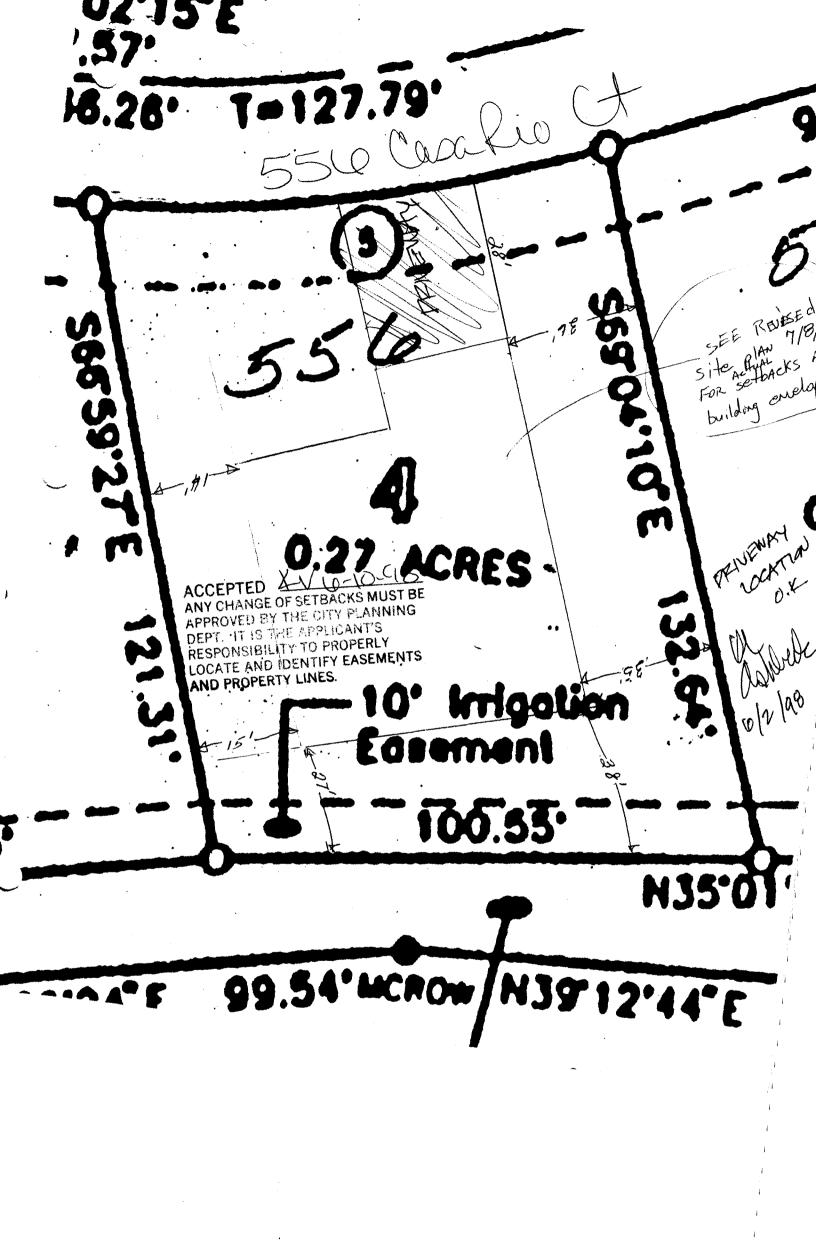
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BLDG PERMIT NO. 455/6

PLANNING CLEARANCE
(Single Family Residential and Accessory Structures)
Community Development Department

BLDG ADDRESS 556 Cusa Kio Ct.	TAX SCHEDULE NO. <u>2945-071-34-004</u>		
SUBDIVISION bista Del Rio	SQ. FT. OF PROPOSED BLDG(S)/ADDITION		
FILING 3 BLK LOT 4	SQ. FT. OF EXISTING BLDG(S)		
(1) OWNER Darssy Blyd. LLC (1) ADDRESS 690 291/2 Rd.	NO. OF DWELLING UNITS BEFORE: AFTER: THIS CONSTRUCTION		
(1) TELEPHONE <u>260-6464</u>	NO. OF BLDGS ON PARCEL BEFORE: AFTER: THIS CONSTRUCTION		
(2) APPLICANT R Daisse	USE OF EXISTING BLDGS		
(2) ADDRESS 690 29/2 Rd.	DESCRIPTION OF WORK AND INTENDED USE:		
(2) TELEPHONE _260-6464	Residence		
REQUIRED: One plot plan, on 8 $\frac{1}{2}$ " 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 PR-1.86	Maximum coverage of lot by structures		
SETBACKS: Front from property line (PL)	Parking Req'mt		
or from center of ROW, whichever is greater  Side \( \frac{1}{2} \) from PL Rear \( \frac{25}{2} \) from F	Special Conditions Tor Vulling		
	enelope		
Maximum Height	CENSUS 1402 TRAFFIC 40 ANNX#		
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 recessarily be limited to non-use of the building(s).			
Applicant Signature Laure	Date		
Department Approval . Volume	Date		
Additional water and/or sewer tap fee(s) are required: YES X NO W/O No W/O No			
Utility Accounting R. Raymond	Date <u>6 10198</u>		
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand Junction Zoning & Development Code)			
(White: Planning) (Yellow: Customer) (Pin	nk: Building Department) (Goldenrod: Utility Accounting)		



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