FEE \$	10 °C
TCP \$	
SIF \$	2924



BLDG PERMIT NO. 47238

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures) Community Development Department

BLDG ADDRESS 2556 FOLEST HILK, AV	TAX SCHEDULE NO. 2445-634-60-663	
SUBDIVISION FAILVALLEY	SQ. FT. OF PROPOSED BLDG(S)/ADDITION	
FILING BLK LOT	SQ. FT. OF EXISTING BLDG(S)	
" OWNER PUCKING Inc. "ADDRESS 2:355 Fall Valley AV.	NO. OF DWELLING UNITS BEFORE:AFTER:THIS CONSTRUCTION	
() TELEPHONE ZAN AIC((.	NO. OF BLDGS ON PARCEL BEFORE: AFTER: THIS CONSTRUCTION	
⁽²⁾ APPLICANT <u>CUSTLE HERUCS</u>		
12) ADDRESS 2555 Fall Lalley AU.	DESCRIPTION OF WORK AND INTENDED USE:	
(2) TELEPHONE 248-61768	SFIZ	
RECURED: One plot plan, on 8.1/1 × 11" paper, showing	all existing & proposed structure location(c) parking cothooks to all	

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 \underline{PR} $\underline{2.9}$ SETBACKS: Front $\underline{15^{i}/20^{\prime}}$ from property line (PL) or from center of ROW, whichever is greater	Maximum coverage of lot by structures Parking Req'mt	
Side 10' from PL Rear 20' from PL	Special Conditions	
Maximum Height		

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 MECANLE Detect	Date_1U\$1 CK
Department Approval Kallin Parta	Date 10/22/98
Additional water and/or sewer tap fee(s) are required: YES NO	W/O No. /// 23
Utility Accounting	Date 10-22.28
VALUE FOR OLY MONTES FROM DATE OF ISSUANCE (Section 0.2.20.0	read lunction Zenian & Development Code)

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)

