| FEE \$ | 1000 |
|--------------|----------|
| TCP \$ | <i>'</i> |
| SIF \$ 29200 | |



BLDG PERMIT NO. (13973

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

<u>Community Development Department</u>

| BLDG ADDRESS HAZZA WAL | TAX SCHEDULE NO. 2945-011-87-001 | |
|---|---|--|
| SUBDIVISION THE KNOLLS | SQ. FT. OF PROPOSED BLDG(S)/ADDITION 2800 1 | |
| FILING 2 BLK 4 LOT 2 | SQ. FT. OF EXISTING BLDG(S) - 0 - 11/4 | |
| (1) OWNER OP DEVELOPMENT, LLC. | NO. OF DWELLING UNITS BEFORE: AFTER: THIS CONSTRUCTION | |
| (1) ADDRESS 2421 Applewood | NO. OF BLDGS ON PARCEL | |
| (1) TELEPHONE 241-2373 | BEFORE: AFTER: THIS CONSTRUCTION | |
| (2) APPLICANT MONUMENT HOMES | USE OF EXISTING BLDGS SINGLE FAMILY | |
| (2) ADDRESS 759 HORIZON DEIVE | DESCRIPTION OF WORK AND INTENDED USE: | |
| (2) TELEPHONE 243-4890 | NEW CONSTRUCTION | |
| | all existing & proposed structure location(s), parking, setbacks to all ation & width & all easements & rights-of-way which abut the parcel. | |
| THIS SECTION TO BE COMPLETED BY C | OMMUNITY DEVELOPMENT DEPARTMENT STAFF 🖘 | |
| ZONE $PRQ.7$ | Maximum coverage of lot by structures | |
| SETBACKS: Front from property line (PL) or from center of ROW, whichever is greater | Parking Req'mt | |
| | Special Conditions | |
| Side 10 from PL Rear 20 from P | L . | |
| Maximum Height | CENSUS 10 TRAFFIC 21 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 the information is correct; I agree to comply with any and all codes, the project. I understand that failure to comply shall result in legal to non-use of the building(s). | |
| Applicant Signature | Date 2/9/98 | |
| Department Approval BN X Line of Cost | elle Date 2:10.98 | |
| ditional water and/or sewer tap fee(s) are required: Y | #s NO W/O No. #1093/ +R83727 | |
| Utility Accounting | Date 2-10-98 | |
| VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand Junction Zoning & Development Code) | | |
| (White: Planning) (Yellow: Customer) (Pin | k: Building Department) (Goldenrod: Utility Accounting) | |

