

FEE \$	10 ⁰⁰
TCP \$	—
SIF \$	—



BLDG PERMIT NO. 69558

9

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

13323-8353

BLDG ADDRESS 585 25 1/2 RD TAX SCHEDULE NO. 2745-102-00-100
 SUBDIVISION PARADISE VALLEY M.H. SQ. FT. OF PROPOSED BLDG(S)/ADDITION 1156
 FILING BLK _____ LOT #83 SQ. FT. OF EXISTING BLDG(S) 0
 (1) OWNER SUZANNE MILES NO. OF DWELLING UNITS
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
 (1) ADDRESS 585 25 1/2 RD #83
 NO. OF BLDGS ON PARCEL
 BEFORE: 0 AFTER: 0 THIS CONSTRUCTION
 (1) TELEPHONE 241-6311 USE OF EXISTING BLDGS _____
 (2) APPLICANT GOY KRAFT DESCRIPTION OF WORK AND INTENDED USE: M.H.
 (2) ADDRESS 1429 MED
 (2) TELEPHONE 858-4680 move into new modular

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 Parking Req'mt _____
 Side _____ from PL Rear _____ from PL Special Conditions Per park recommendations
 Maximum Height _____ CENSUS 4 TRAFFIC 10 ANNEX# _____

Modifications to this Planning Clearance must be approved, in writing, by 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, if applicable, 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 4/15/99
 Department Approval [Signature] Date 4-15-99

Additional water and/or sewer tap fee(s) are required: YES _____ NO W/O No replace existing
 Utility Accounting [Signature] Date 4-15-99

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)