FEE \$10.0 PLANNING CL TCP \$ Single Family Residential an SIF \$ Community Develop	d Accessory Structures)
#24	Your Bridge to a Better Community
BLDG ADDRESS \$ 00 Independent Ave	SQ. FT. OF PROPOSED BLDGS/ADDITION 232中上
TAX SCHEDULE NO. 2945-104-01-006	SQ. FT. OF EXISTING BLDGS
SUBDIVISION West Lake Mobile	TOTAL SQ. FT. OF EXISTING & PROPOSED 1, 23 2 1
FILING BLK LOT	NO. OF DWELLING UNITS:
(1) OWNER Mary Della Gilcrease	Before: After: this Construction NO. OF BUILDINGS ON PARCEL Before: After: this Construction
(1) ADDRESS SCOINdependent AVR.	
1) TELEPHONE <u>970-263-8114</u>	USE OF EXISTING BUILDINGS single family residence
⁽²⁾ APPLICANT <u>Same</u>	DESCRIPTION OF WORK & INTENDED USE <u>residence</u>
(2) ADDRESS	TYPE OF HOME PROPOSED: Site Built Manufactured Home (UBC)
	Manufactured Home (HUD) Other (please specify)
	all existing & proposed structure location(s), parking, setbacks to all cation & width & all easements & rights-of-way which abut the parcel.
	DMMUNITY DEVELOPMENT DEPARTMENT STAFF 🕬

ZONE <u>C-2</u>	Maximum coverage of lot by structures por park reg
SETBACKS: Front $per \frac{park}{res}$ from property line (PL) or from center of ROW, whichever is greater	Permanent Foundation Required: YESNO 🔀
	Parking Req'mt for park reg.
Side from PL, Rear from PL	Special Conditions fer parts regulations
Maximum Height 3 40?	CENSUS TRAFFIC ANNX#

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 Lackie Cilercase	Date	12-30-19
Department Approval Gate Gate	Date	12-30-99
Additional water and/or sewer tap fee(s) are required: YES	NOV	W/O <u>No.</u>
Utility Accounting	Date 2	30 199
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C	Grand Junction 2	Coning & Development Code)

(White: Planning)

(Yellow: Customer)

(Pink: Building Department)

(Goldenrod: Utility Accounting)

omer) (Pink: Building

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