$\sqrt{354.65}$ (Single Family Residen	BLDG PERMIT NO. 69075 BLDG PERMIT NO. 69075 B CLEARANCE Itial and Accessory Structures reforment Department	
BLDG ADDRESS 2572 Trails End Ct.	TAX SCHEDULE NO. 2945-031-44-017	
SUBDIVISION Cimarron Morth	SQ. FT. OF PROPOSED BLDG(S)/ADDITION	
FILING	SQ. FT. OF EXISTING BLDG(S)	
	NO. OF DWELLING UNITS BEFORE: AFTER:/ THIS CONSTRUCTION	
TELEPHONE <u>789 - 1410</u>	NO. OF BLDGS ON PARCEL BEFORE:AFTER:THIS CONSTRUCTION USE OF EXISTING BLDGS <u>Single Family Residence</u>	
<ul> <li><sup>(2)</sup> ADDRESS <u>3032</u> <u><i>I</i></u> -70 <u>Business</u> <u>Loop</u></li> <li><sup>(2)</sup> TELEPHONE <u>434 - 4616</u></li> <li><i>REQUIRED: One plot plan, on 8 <sup>1</sup>/<sub>2</sub></i> x 11" paper, showing all</li> </ul>	DESCRIPTION OF WORK AND INTENDED USE:	
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 CON ZONE	MMUNITY DEVELOPMENT DEPARTMENT STAFF 🐲 Maximum coverage of lot by structures	
SETBACKS: Front $20$ from property line (PL) or from center of ROW, whichever is greater	Parking Req'mt	
Side <u>7.5'</u> from PL Rear <u>20'</u> from PL	Special Conditions 15 "utility easement in rear - ne lildys. to Increach.	
Maximum Height 30	CENSUS_/CTRAFFIC_/CANNX#	

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 junited to non-use of the building(s).

Applicant Signature AROANA MACONST Date	1-22-59
Department Approval Bonnie Edwards mar. Date	2/7/99
Additional water and/or sewer tap fee(s) are required: YES NO W/	ONO 12022
Utility Accounting watthe Concurrent Date	2 17 09
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand J	unction Zoning & Development Code)

(White: Planning)

(Yellow: Customer)

(Pink: Building Department)

(Goldenrod: Utility Accounting)

