

Modular home

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BLDG PERMIT NO. 74496

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

BLDG ADDRESS 58525 1/2 ROAD TAX SCHEDULE NO. 17008-088-00-075 Hm. 2945-102-00-100 Park

SUBDIVISION PARADISE VALLEY MHP SQ. FT. OF PROPOSED BLDG(S)/ADDITION 1,056

FILING BLK _____ LOT 53 SQ. FT. OF EXISTING BLDG(S) 0

(1) OWNER ED DAVIS NO. OF DWELLING UNITS BEFORE: 0 AFTER: 1 THIS CONSTRUCTION

(1) ADDRESS 2497 Hwy 6450 NO. OF BLDGS ON PARCEL BEFORE: 0 AFTER: 0 THIS CONSTRUCTION

(1) TELEPHONE 9702434406 USE OF EXISTING BLDGS N/A

(2) APPLICANT Save On Quality Homes DESCRIPTION OF WORK AND INTENDED USE: SPEC

(2) ADDRESS 2497 Hwy 6450 HOME 16x70 HUD REB108023

(2) TELEPHONE 9702434406

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) Parking Req'mt _____
 or _____ from center of ROW, whichever is greater

Side Per Park from PL Rear Regs from PL Special Conditions _____

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 3/28/00

Department Approval [Signature] Date 3-28-00

Additional water and/or sewer tap fee(s) are required: YES NO W/O No. _____

Utility Accounting [Signature] Date 3-28-00

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)