| FEE \$ 10.00 PLANNING C | LEARANCE BLDG PERMIT NO. 77468 |
|---|--|
| TCP \$ (Single Family Residential a | |
| SIF \$ Community Develop | oment Department |
| | Your Bridge to a Better Community |
| BLDG ADDRESS 1922 N. ZNO G | SQ. FT. OF PROPOSED BLDGS/ADDITION 1400 |
| TAX SCHEDULE NO. 2945-112-21-005 | SQ. FT. OF EXISTING BLDGS 860 |
| SUBDIVISION MOUNTAIN VIEW | TOTAL SQ. FT. OF EXISTING & PROPOSED 2760 |
| MOWNER DAVID DOW | NO. OF DWELLING UNITS: Before: _/ After: this Construction NO. OF BUILDINGS ON PARCEL |
| (1) ADDRESS 1922 N. 200 CT | Before: After: this Construction USE OF EXISTING BUILDINGS |
| (1) TELEPHONE 241-5906 | A |
| (2) APPLICANT DAVID DOW | DESCRIPTION OF WORK & INTENDED USE ADDITION |
| ⁽²⁾ ADDRESS 1922 N. 2NO CT | TYPE OF HOME PROPOSED: Site Built Manufactured Home (UBC) |
| ⁽²⁾ TELEPHONE 241 - 5906 | Manufactured Home (HUD) Other (please specify) |
| | all existing & proposed structure location(s), parking, setbacks to all ocation & width & all easements & rights-of-way which abut the parcel. |
| IN THIS SECTION TO BE COMPLETED BY C | COMMUNITY DEVELOPMENT DEPARTMENT STAFF 🐲 |
| ZONE REF -5 | Maximum coverage of lot by structures $\underline{60}$ |
| SETBACKS: Front $\underline{\mathcal{J}}\underline{\mathcal{J}}$ from property line (PL or from center of ROW, whichever is greater |) Permanent Foundation Required: YESNO |
| | Parking Req'mt 2 Maces |
| Side from PL, Rear from | Special Conditions |
| Maximum Height | CENSUS TRAFFIC ANNX# |
| | oved, in writing, by the Community Development Department. The pied until a final inspection has been completed and a Certificate of |
| ordinances, laws, regulations or restrictions which apply action, which may include but not necessarily be limited | Ind the information is correct; I agree to comply with any and all codes, to the project. I understand that failure to comply shall result in legal I to non-use of the building(s). |
| Applicant Signature | Date 10/31/00 |
| Department Approval Saltur M. Pon | Date 10/31/00 Existing acet |
| Additional water and/or sewer tap fee(s) are required: | YES NO, W/O No. |

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|---------------------|----------------|-------------|----|------|-----|----|----------|----------|--------|---------|-----------|---------|------|---------|-------|
| Utility Accounting | $\overline{/}$ | \bigwedge | - | 1 | J | 7 | | | | Date | | 101 | 31 | 50 | |
| VALID FOR SIX MONTH | K | FR | ۶N | I DA | TE | OF | ISSUANCE | (Section | 9-3-2C | Grand J | unction Z | oning & | Deve | lopmenî | Code) |

| (White: Planning) | (Yellow: Customer) | (Pink: Building Department) | (Goldenrod: Utility Accounting) |
|-------------------|--------------------|-----------------------------|---------------------------------|
| | | | |

