	Ronny	
FEE \$ 10 PLANNING CL		
TCP \$		
_	Your Bridge to a Better Community	
BLDG ADDRESS 4125 Applewoul Ct	TSQ. FT. OF PROPOSED BLDGS/ADDITION 96	
TAX SCHEDULE NO 2945-011-76-002	SQ. FT. OF EXISTING BLDGS 18 28	
SUBDIVISION Usta Del Morte	TOTAL SQ. FT. OF EXISTING & PROPOSED 1924	
FILING BLK LOT	NO. OF DWELLING UNITS:	
"OWNER DEINIX'S DONOURN	Before:/ After:/ this Construction NO. OF BUILDINGS ON PARCEL	
(1) ADDRESS 4125 Apple woud.	Before: After: 2 this Construction (Rosidance)	
(1) TELEPHONE 254- 1019	USE OF EXISTING BUILDINGS	
(2) APPLICANT OWNER DOMON	DESCRIPTION OF WORK & INTENDED USE GREDON Sheef.	
(2) ADDRESS 4125 Applewood	TYPE OF HOME PROPOSED:	
(2) TELEPHONE 5 4 - 1019	Manufactured Home (HUD) Other (please specify)	
REQUIRED: One plot plan, on 8 ½" 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.		
IN THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF 7/1		
ZONE PR-2	Maximum coverage of lot by structures	
ZONE	Permanent Foundation Required: YESNO	
Side 5 from PL, Rear 15' from P	Parking Reg'mt	
Maximum Height	Special Conditions <u>for a Conditions</u> - CENSUS <u>/</u> TRAFFIC <u>/</u> 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	Date 5-3-2.000		
Department Approval Connie Edwards	Date 5-3-200		
dditional water and/or sewer tap tee(s) are required: YES	W/O No.		
Utility Accounting 1661 ber tot	Date 530		
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-20 Grand Junction Zoning & Development Code)			

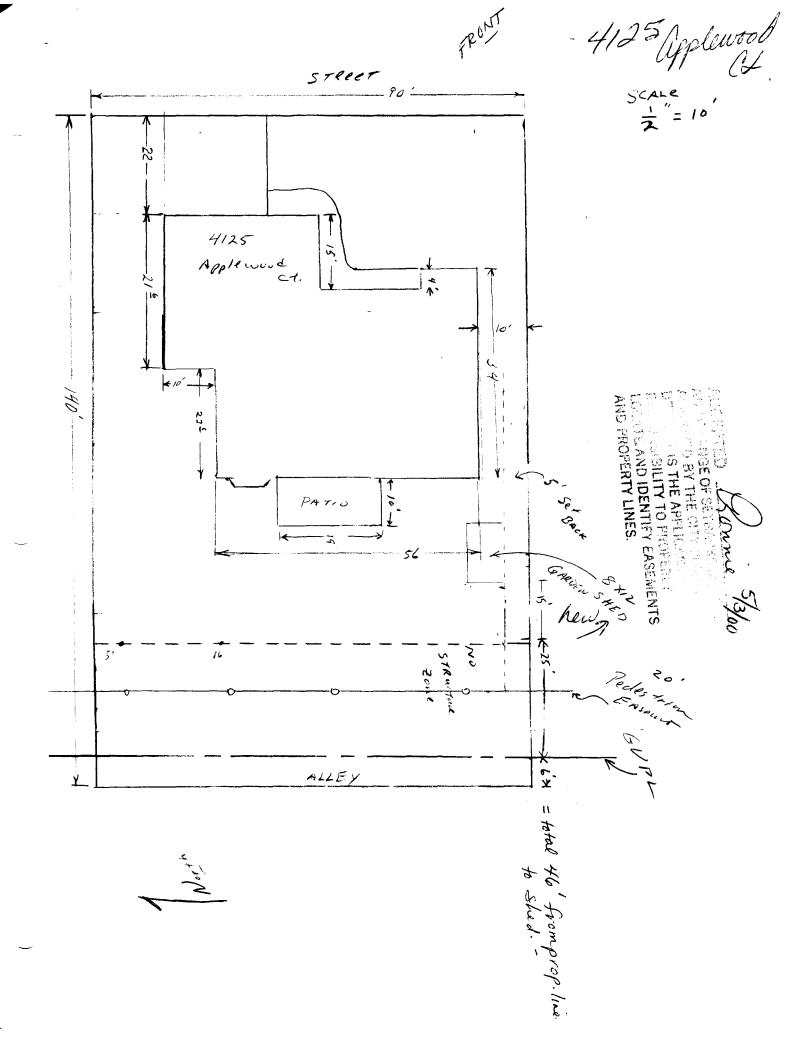
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand Junction Zoning & Development Code)

(White: Planning)

(Yellow: Customer)

(Pink: Building Department)

(Goldenrod: Utility Accounting)



.