FEE \$ 10.00 PLANNING CL   TCP \$ (Single Family Residential ar   SIF \$ Community Develop	nd Accessory Structures)			
BLDG ADDRESS 413 W. Chiplet A	SQ. FT. OF PROPOSED BLDGS/ADDITION			
TAX SCHEDULE NO. 2945-151.00-052	SQ. FT. OF EXISTING BLDGS /200			
SUBDIVISION CAPENTER	TOTAL SQ. FT. OF EXISTING & PROPOSED 1954			
FILING BLKLOT (1) OWNER $ \underline{fheresa} \underline{vribia}$ (1) ADDRESS $\underline{413} \underline{w} \underline{chipeta}$ (1) TELEPHONE $\underline{241} \underline{4037}$ (2) APPLICANT $\underline{fheresa} \underline{vribia}$ (2) ADDRESS $\underline{413} \underline{w} \underline{chipeta}$ (2) TELEPHONE $\underline{241} \underline{4037}$	NO. OF DWELLING UNITS: Before: After: this Construction NO. OF BUILDINGS ON PARCEL Before: After: this Construction USE OF EXISTING BUILDINGS <i>RES</i> . DESCRIPTION OF WORK & INTENDED USE <i>C-ArmgE</i> 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.			
IN: THIS SECTION TO BE COMPLETED BY CO   ZONE $MF-8$ SETBACKS: Front $20'$ from property line (PL) or from center of ROW, whichever is greater   Side $5'$ from PL, Rear $10'$ from P   Maximum Height $35'$	Parking Regimt			

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).

pplicant Signature thereas yribic		Date 06-16-2000		
Department Approval 1/5/11 diagon		Date/100		
Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No.	
Utility Accounting Ti Blueller		Date ( p / / (	0100	
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE	E (Section 0.2.20	Grand Junction 7	Coning & Dovelopment 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)

