| FEE \$ 10.00 PLANNING CL TCP \$ (Single Family Residential and Community Developed) SIF \$ (Single Family Residential and Community Developed) | d Accessory Structures) |
|--|--|
| BLDG ADDRESS <u>2648 Kennedy</u> a TAX SCHEDULE NO. <u>2945-124-22-021</u> SUBDIVISION Houlton Re-Su | SQ. FT. OF PROPOSED BLDGS/ADDITION <u>/0 x 20</u> SQ. FT. OF EXISTING BLDGS <u>24 x 30</u> <i>approx</i> TOTAL SQ. FT. OF EXISTING & PROPOSED |
| FILINGBLKLOT (1) OWNER (1) ADDRESSGOVES (1) TELEPHONE (2) APPLICANTOE Fletcher (2) ADDRESS (2) TELEPHONE (2) TELEPHONE (2) TELEPHONE (2) TELEPHONE (2) TELEPHONE (2) TELEPHONE (2) TELEPHONE (2) TELEPHONE (3) TELEPHONE (4) ADDRESS (5) ADDRESS (2) TELEPHONE (3) ADDRESS (4) ADDRESS (5) ADDRESS (6) ADDRESS (7) TELEPHONE (7) TELEPHONE (7) TELEPHONE (7) TELEPHONE (7) TELEPHONE (7) TELEPHONE (7) ADDRESS (7) ADDRESS (7) ADDRESS (7) ADDRESS (7) ADDRESS (7) ADDRESS (7) ADDRESS (7) ADDRESS (7) ADDRESS (7) TELEPHONE (7) T | NO. OF DWELLING UNITS: Before: After: this Construction NO. OF BUILDINGS ON PARCEL Before: After: this Construction USE OF EXISTING BUILDINGS DESCRIPTION OF WORK & INTENDED USE CAMPAL TYPE OF HOME PROPOSED: Site Built Manufactured Home (UBC) Manufactured Home (HUD) Other (please specify) But existing & proposed structure location(s), parking, setbacks to all |
| | Comparison & width & all easements & rights-of-way which abut the parcel. |

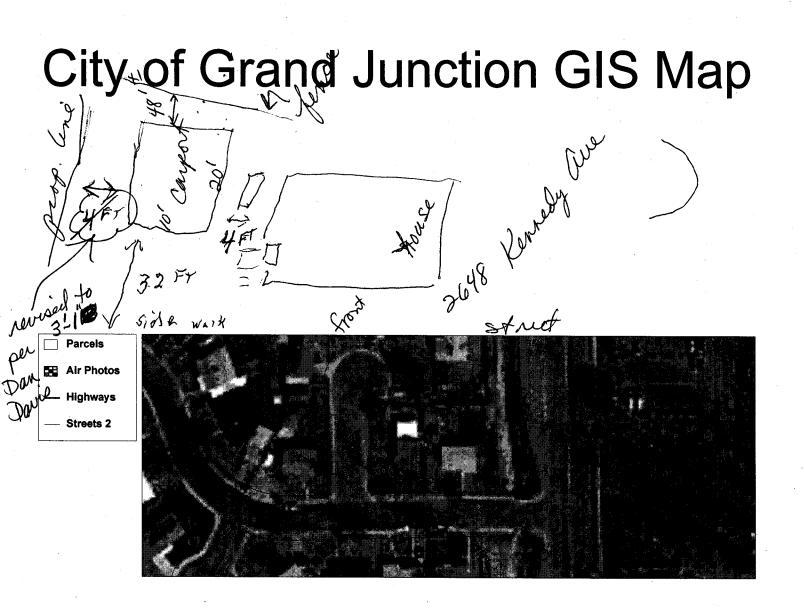
Modifications to this Planning Clearance must be approved, in writing, by the Community Development Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued, if applicable, by the Building Department (Section 305, Uniform Building Code).

N

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 Joseph 19. Florehan | Date | 10-6-00 |
|--|----------|-----------------------------------|
| Department Approval <u>Romie Edwards</u> | Date | 10-6-00 |
| Additional water and/or sewer tap fee(s) are required: YES | NO | W/O No. |
| Utility Accounting 1 Jobs Clercholt | Date | 0-6-00 |
| VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C | Grand Ju | nction Zoning & Development Code) |

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



SCALE 1: 1,282

